

**ORIGINAL**

**-Application**

**Alere**

**Womwen's &**

**Children's**

**Health**

**CN1506-025**



June 15, 2015

Melanie Hill, Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application Submittal  
Alere Women's and Children's Health, LLC  
Davidson County

Dear Mrs. Hill:

This letter transmits an original and two copies of the subject application. The affidavit and filing fee are enclosed.

I am the contact person for this project. Brant Phillips is legal counsel. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

Respectfully,



John Wellborn  
Consultant



JUN 15 '15 4:49 PM

**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.



John Wellborn  
SIGNATURE/TITLE  
CONSULTANT

Sworn to and Subscribed before me this 12<sup>th</sup> day of June, 2015 a Notary  
(Month) (Year)

Public in and for the County/State of DAVIDSON

[Signature]  
NOTARY PUBLIC

My commission expires July 2, 2018.  
(Month/Day) (Year)



**ALERE WOMEN'S AND  
CHILDREN'S HEALTH, LLC**

**DAVIDSON COUNTY AGENCY**

**CERTIFICATE OF NEED APPLICATION  
TO ADD SERVICE AREA COUNTIES**

**Submitted June, 2015**



JUN 16 11 15 AM '16

## ***PART A***

### ***1. Name of Facility, Agency, or Institution***

Alere Women's and Children's Health, LLC (of Davidson County)		
<i>Name</i>		
1926 Hayes Street, Suite 111	Davidson	
<i>Street or Route</i>	<i>County</i>	
Nashville	TN	37203
<i>City</i>	<i>State</i>	<i>Zip Code</i>

### ***2. Contact Person Available for Responses to Questions***

John Wellborn		Consultant	
<i>Name</i>		<i>Title</i>	
Development Support Group		jwdsg@comcast.net	
<i>Company Name</i>		<i>E-Mail Address</i>	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
<i>Street or Route</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
CON Consultant	615-665-2022	615-665-2042	
<i>Association With Owner</i>	<i>Phone Number</i>	<i>Fax Number</i>	

### ***3. Owner of the Facility, Agency, or Institution***

Alere Women's and Children's Health, LLC	
<i>Name</i>	<i>Phone Number</i>
Same as in #1 above	
<i>Street or Route</i>	<i>County</i>
Same as in #1 above	
<i>City</i>	<i>State</i>
<i>Zip Code</i>	

### ***4. Type of Ownership or Control (Check One)***

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	x
D. Corporation (For-Profit)		I. Other (Specify):	
E. Corporation (Not-for-Profit)			

**PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS**



**5. Name of Management/Operating Entity (If Applicable)** NA

<i>Name</i>		
<i>Street or Route</i>		<i>County</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

**6. Legal Interest in the Site of the Institution (Check One)**

A. Ownership	<input type="checkbox"/>	D. Option to Lease	<input type="checkbox"/>
B. Option to Purchase	<input type="checkbox"/>	E. Other (Specify):	<input type="checkbox"/>
C. Lease of: 1 yr, annually renewable	<input checked="" type="checkbox"/>		<input type="checkbox"/>

**7. Type of Institution (Check as appropriate—more than one may apply)**

A. Hospital (Specify): General	<input type="checkbox"/>	I. Nursing Home	<input type="checkbox"/>
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty	<input type="checkbox"/>	J. Outpatient Diagnostic Center	<input type="checkbox"/>
C. ASTC, Single Specialty	<input type="checkbox"/>	K. Recuperation Center	<input type="checkbox"/>
D. Home Health Agency	<input checked="" type="checkbox"/>	L. Rehabilitation Center	<input type="checkbox"/>
E. Hospice	<input type="checkbox"/>	M. Residential Hospice	<input type="checkbox"/>
F. Mental Health Hospital	<input type="checkbox"/>	N. Non-Residential Methadone	<input type="checkbox"/>
G. Mental Health Residential Facility	<input type="checkbox"/>	O. Birthing Center	<input type="checkbox"/>
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)	<input type="checkbox"/>	P. Other Outpatient Facility (Specify):	<input type="checkbox"/>
	<input type="checkbox"/>	Q. Other (Specify):	<input type="checkbox"/>

**8. Purpose of Review (Check as appropriate—more than one may apply)**

		G. Change in Bed Complement Please underline the type of Change: Increase, Decrease, Designation, Distribution, Conversion, Relocation	
A. New Institution	<input type="checkbox"/>		<input type="checkbox"/>
B. Replacement/Existing Facility	<input type="checkbox"/>	H. Change of Location	<input type="checkbox"/>
C. Modification/Existing Facility	<input type="checkbox"/>	I. Other (Specify):	<input checked="" type="checkbox"/>
D. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify) Home Health	<input type="checkbox"/>	Home Health Service Area Expansion, limited to high-risk OB patients, newborns, & infants	<input type="checkbox"/>
E. Discontinuance of OB Service	<input type="checkbox"/>		<input type="checkbox"/>
F. Acquisition of Equipment	<input type="checkbox"/>		<input type="checkbox"/>



**9. Bed Complement Data****NA*****(Please indicate current and proposed distribution and certification of facility beds.)***

	<b>Current Licensed Beds</b>	<b>CON approved beds (not in service)</b>	<b>Staffed Beds</b>	<b>Beds Proposed (Change)</b>	<b>TOTAL Beds at Completion</b>
A. Medical					
B. Surgical					
C. Long Term Care Hosp.					
D. Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolesc. Psych.					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid certified)					
M. Nursing Facility Lev. 1 (Medicaid only)					
N. Nursing Facility Lev. 2 (Medicare only)					
O Nursing Facility Lev. 2 (dually certified for Medicare & Medicaid)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child/Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
<b>TOTAL</b>					

<b>10. Medicare Provider Number:</b>	None
<b>Certification Type:</b>	NA
<b>11. Medicaid Provider Number:</b>	5440128
<b>Certification Type:</b>	Home Health Agency

**12. & 13. See page 4**



**A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?**

This is an existing home health agency. It is certified for Medicaid/TennCare; but it is not certified for Medicare because it serves exclusively high-risk pregnant women and their infants, whose age makes them ineligible for Medicare.

**A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT.**

**DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.**

<b>Table One: Contractual Relationships with Service Area MCO's</b>	
<b>Available TennCare MCO's</b>	<b>Applicant's Relationship</b>
AmeriGroup or BlueCare	contracted
United Healthcare Community Plan (formerly AmeriChoice)	contracted
TennCare Select	contracted



## **SECTION B: PROJECT DESCRIPTION**

**B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.**

### Proposed Services and Equipment

- Alere Women's and Children's Health (Davidson County office) is a highly specialized home health agency that has served fourteen Middle Tennessee counties surrounding greater Nashville for many years. It is one of three Alere home health agencies in the State, and is part of a national network of Alere agencies supported by regional clinical centers that electronically monitor health status of Alere patients and participate in their care.
- Alere has a specialized and critically important home care mission. Alere works with, and under the direction of, patients' physicians, to provide clinically state-of-the-art home care exclusively to high-risk obstetrical patients and newborns for their antepartum and postpartum needs. Alere does not provide any other type of home care services.
- In this application, Alere is proposing to add twenty-two additional Middle Tennessee counties to the service area of its Davidson County principal office, to be able to serve referring physicians' patients wherever they may live in the Middle Tennessee region. This application is the first of three applications being submitted to expand Alere's three service areas from 34 relatively populous counties to all 95 counties, including the least populous and lowest-income counties.
- Alere is supported in its work, and in this application, by TennCare MCO's and other insurers, by perinatal centers in the region, and by numerous referring physicians who view its services and competencies as uniquely needed and beneficial.

### Ownership Structure

- The applicant LLC is wholly owned by Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc., which is ultimately owned by United Health Group (a publicly traded company). Attachment A.4 contains more details, an organization chart for Optum and its subsidiaries, and information on the licensed Tennessee agencies owned by the applicant.

### Service Area

- The applicant's current service area consists of fourteen Middle Tennessee Counties: Bedford, Cheatham, Davidson, Dickson, Hickman, Houston, Marshall, Maury, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson. The applicant proposes to add to its service area twenty-two additional Middle Tennessee counties: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.



## Need

- Alere programs protect the lives of physician- or payer-identified, high-risk expectant mothers, and prevent many fetal and newborn health problems that impose high medical and societal costs both during, and after, the pregnancy. Alere interventions reduce costly emergency room visits, maternal hospitalizations, and newborn admissions to Neonatal Intensive Care Units. Alere's positive impacts on restraining costs of care and on increasing high quality outcomes have resulted in strong physician and insurer support, wherever it operates. Approximately 72% of this agency's patients are TennCare mothers; so its services provide special fiscal benefits to State government.
- Tennessee's new Statewide TennCare MCO's need universal availability of Alere's services throughout the State. Physicians, insurers, and patients Statewide need access to the unique levels of care and expertise that Alere staffs provide.
- Approval of this application will result in greater accessibility to care for all high-risk pregnant women in the service area, and especially for TennCare enrollees. These patients are not adequately served today.
- Because of the highly specialized nature of Alere's services, as well as its unique patient population the impact of this project on other existing providers will be minimal. The agencies now licensed for these counties served 18,364 patients in these twenty-two counties in 2014. The 43 patients Alere would serve in Year Two are less than one-fourth of 1% of those agencies' total area caseloads. And many Alere patients will be women who would otherwise be going to local Emergency Rooms and hospitals for care, rather than being cared for at home.
- Alere believes that its services are uniquely beneficial to home health patients in this area, and that high-risk pregnant women and their newborns in the proposed service area do not have adequate access to, or choice among, home care services this comprehensive, continuous, and clinically sophisticated.
- There are 72 home health agencies licensed currently to serve one or more of this project's 22 proposed new service area counties. None of them is fully dedicated to the maternal and infant patient population, as is Alere. Many of them do not serve significant numbers of female patients under the age of 65. Alere/Davidson County's TennCare payor mix is 48%; which is matched by only 9 of the 72 area agencies, with 28 of the 72 reporting no TennCare payor mix at all. Approximately 72% of Alere's total patients are TennCare enrollees, all of them pregnant women facing problem pregnancies.

## Project Cost, Funding, Financial Feasibility, and Staffing

- The cost of the project is insignificant. It requires no new offices, no construction, no major medical equipment. The cost of completing a CON review process is the largest cost. The total project cost for CON purposes will not exceed \$84,000. Funding of all project costs will be provided by the parent company, United Health Group, through a cash transfer to the applicant LLC. Current and projected financial performance of the applicant agency show a positive operating margin. The expansion of the Davidson County office of Alere will require utilization of approximately 4.8 FTE's of time, from Alere's employed staff in Year Two.



**B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.**

**B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.*) INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC.**

Not applicable. There is no physical facility modification, renovation, or construction involved in this project.

**APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF \$5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF \$2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHART.**

**UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E BY IDENTIFYING, AS APPLICABLE, NURSING UNITS, ANCILLARY AREAS, AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQUARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOT SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQUARE FOOT. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B-E.**

Not applicable. There is no construction involved in this project. The proposed services will be managed by personnel in the existing Alere office in Nashville, which will require no expansion. Field staff (OB RN's who deliver the home care) will operate from their homes in counties within, or adjoining, the service area.

**PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.**

Not applicable. There is no construction involved in this project.



**IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.**

The Applicant

Alere Women's and Children's Health is a national leader in maternal-newborn healthcare management. Responding to physicians who need home care for their patients, Alere offers a full scope of programs from Preconception through Risk Assessment, OB Case Management, and NICU care management. In its more than 28 years of operation, Alere staff have provided care for more than three million pregnancies across America. The company is one of the world's largest employers of obstetrical RN's and obstetrical pharmacists.

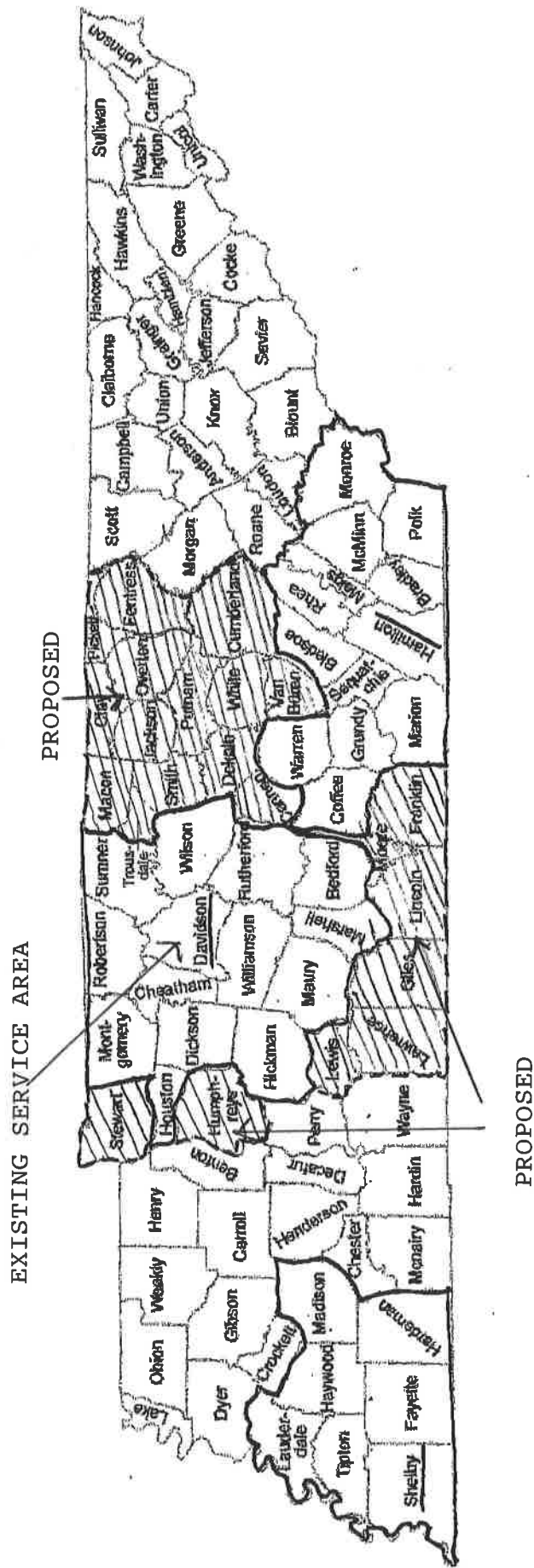
Alere has served Tennessee mothers and newborns for 17 years, through three separately licensed home care agencies in Davidson, Hamilton, and Shelby Counties (as well as through an Alere medical equipment agency in Knoxville). Last year, the three home care agencies served 612 patients. Of those, 186 were served by Alere's Davidson County agency.

Service Area

Alere's Davidson County agency is proposing to expand its fourteen-county Middle Tennessee service area by twenty-two additional counties. They are Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White Counties.

The expansion will give Alere a 36-county coverage of Middle Tennessee. A map of the expansion follows this response.







### Scope of Services

The services to be provided are those that Alere home health agencies provide currently, and have provided in authorized areas of Tennessee for decades: home care services exclusively for high-risk pregnant women and their newborns. To clarify that it will not be in significant competition with any general home health agency already authorized in the service area, Alere is requesting CON approval with that condition.

The services offered by Alere are discussed in detail in Section B.II.C (Project Need) below. They can be grouped into several major categories:

- Preterm Labor Education With Nursing Surveillance and 17P Administration Service
- Nausea and Vomiting in Pregnancy (NVP)
- Diabetes in Pregnancy
- Managing Hypertension Disorders in Pregnancy
- Coagulation Disorders

These services are provided at the physician's direction to prevent or limit numerous risks to the pregnant woman and the fetus/newborn. Risks include:

- Physical and mental impairment of the newborn;
- Intractable nausea, vomiting, and dehydration of the mother;
- Maternal/infant mortality from uncontrollable blood sugar levels (diabetes);
- Infant morbidity/mortality from uncontrolled hypertension;
- Maternal death from deep vein thrombosis and pulmonary embolism;
- First trimester spontaneous abortions;
- Recurrent preterm birth
- High costs of avoidable NICU and hospital admissions

### Care Delivery Model

Physicians request Alere to deliver home care to their obstetrical patients, to provide the best possible care at home, at the lowest cost, and also to avoid when possible



the costly and time-consuming visits to the practice office, visits to the Emergency Department, and hospital admissions that often occur when high-risk pregnant patients do not have a home care resource with Alere's levels of skill and continuous committed 24/7 oversight.

To respond to physicians' requests for services to their patients, Alere utilizes its own employed pool of highly experienced, obstetrical RN's who live in communities that are quickly accessible to the patient's home.

The assigned OB RN performs a comprehensive maternal/fetal home assessment and patient education is begun. The scope of evaluations and education include patient health issues; psychosocial, environmental, and home assessments; fetal movement assessment; and training and education in self-care protocols, nutrition, social habits, and activity requirements, to name a few.

Instruction is provided in the use of supplies and equipment (e.g., insulin pumps). Barriers to care are identified and dealt with (e.g. transportation needs; childcare; ability to comply with scheduled visits). Interdisciplinary resources are identified and organized to be available appropriately, including nurses, pharmacists, and dieticians.

Appropriate daily, weekly, and continuous care management occurs through home visits by the OB RN; telephonic assessments and direction by OB RN's and OB pharmacists; telephonic reporting by the patient (as often as multiple times day and night); and 24/7 telephonic clinical and educational guidance upon request, from Alere's unique national Patient Service Centers, staffed by OB pharmacists and OB RN's.

Equipment for medication infusion is remotely monitored and controlled as needed. Supplies are provided to the home by Federal Express, UPS, and the U.S. mail, as well as during OB RN visits. Patients are diligently supervised for compliance with prescribed services, which is one of the greatest issues for many of these patients. (Pursuit of compliance is the most effective way to optimize good outcomes). Detailed patient records are maintained by the OB Nurse; digitalized records are entered at Agency offices and at the Patient Service Centers; and weekly written reports are made to the referring physician and insurer case manager as requested.



### Project Costs and Funding

The project will require only a very small capital expenditure estimated not to exceed \$84,000. No additional office space need be acquired to implement the project; it will be managed from Alere/Davidson's principal office in Nashville.

The cost of the project will be funded entirely in cash, by the applicant's parent company, United Health Group (UHG). The cost will be very small, no more than \$84,000.

### Staffing

Approximately 4.8 additional FTE's of time will be required to serve the 43 new patients per year that Alere expects to serve in these additional counties (based on current Alere Davidson County use rates). Those FTE's are calculated as the cumulative per diem assignments made by the 14 additional OB RNs that Alere will employ in the service area.

Home care services will be provided by obstetrical nurses employed to work as needed in counties within, or near, the proposed new service area. Alere's plan for ensuring rapid access to patients in the new counties is discussed in more detail in Section B.III.B.1 below.

### **B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.**

Not applicable. This project is for the expansion of an existing home health agency's service area. No facilities are included in the project.



**B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):**

- 1. ADULT PSYCHIATRIC SERVICES**
- 2. ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS**
- 3. BIRTHING CENTER**
- 4. BURN UNITS**
- 5. CARDIAC CATHETERIZATION SERVICES**
- 6. CHILD AND ADOLESCENT PSYCHIATRIC SERVICES**
- 7. EXTRACORPOREAL LITHOTRIPSY**
- 8. HOME HEALTH SERVICES.....**

**1. Purpose of this Application**

This CON application is being filed to give Alere programs broader availability to TennCare MCO's and private insurance companies that increasingly request Alere services.

TennCare MCO's will be a prime beneficiary. They are now Statewide organizations with a significant population of low-income women of childbearing age, in both urban and rural counties. Many of these women face pregnancy risks of the type addressed by Alere home care programs. The MCO's are responsible for paying their costs of healthcare. The MCO's and their patients' physicians value high-quality home care partners that can provide all needed interventional services to those women.

With appropriate home care, pregnant at-risk women can be spared significant health problems and their insurers can avoid significant costs.

But without appropriate home care, these young women will either (a) not receive needed care, resulting in increased maternal/fetal morbidity and mortality, or (b) they will have to obtain it from more costly and difficult-to-reach sources such as hospital Emergency Departments, hospital acute care units, neonatal intensive care units, and their physicians' practice offices. Obtaining specialized care at home is a much more cost-effective option, as well as being the option that has better outcomes for maternal/fetal health.



## 2. The Need for Alere in the Proposed Service Area

The applicant has identified seventy-two licensed home care agencies that are authorized to operate in one or more of the counties in the service area. However, Alere's entry into this service area is needed for the following reasons, among others:

- Because of its historical, long-standing focus on only problem pregnancies--and because it uses appropriate technology to supervise and provide guidance in the patient's home between personal home visits--Alere's programs provide a scope and effectiveness of care that are not routinely available from existing area agencies. Service area patients should have Alere as one of their home care options because of this expertise alone.
- Alere is one of the most TennCare-accessible agencies in Middle Tennessee, unlike many home health agencies licensed in these 22 counties. Of the 72 licensed agencies, only 9 had a TennCare payor mix as high as Alere/Davidson's TennCare payor mix. Approximately 72% of Alere/Davidson's Tennessee patients are TennCare patients.
- Many physicians and insurers who serve high-risk young pregnant women in the proposed service area want access to Alere's programs of care, because they perceive that Alere provides care programs not available elsewhere. Many home health agencies avoid serving the high-risk population due to risks of litigation and liability should the births not go well. This creates an accessibility problem for some women, regardless of their insurance source and income status.

### a. Expertise and the Beneficial Impact of Alere's Care Programs

The following pages summarize the characteristics and benefits of the five major Alere programs that are proposed for these twenty-two rural counties.

Alere contends that for high-risk pregnant women and their neonates, this array of staffing, technology, 24/7 care availability, and diligence in attaining patient compliance and good outcomes, is superior on a routine basis to that of any other home health agency in the service area. It is therefore important to introduce it as a care option in these counties--especially for the TennCare population where these needs are so great.



## BENEFITS OF ALERE OBSTETRICAL HOMECARE SERVICES

<b>Program: Preterm Labor Education With Nursing Surveillance and 17P Administration Service</b>
<b>Health Condition(s) Addressed:</b> <ul style="list-style-type: none"> <li>Physician has diagnosed a <u>maternal risk of preterm labor</u> (at less than 37 weeks gestation).</li> <li>Physician has diagnosed patient with history of previous preterm birth. Administration of 17p from 16wks to 36 &amp; 6/7 wks gestation is prescribed to reduce incidence of recurrent preterm birth.</li> </ul>
<b>Health Risks of Condition:</b> <ul style="list-style-type: none"> <li>Premature births are associated with increased physical and mental limitations of the infant, some of which are correctible, and others of which are lifetime afflictions.</li> </ul>
<b>Costs of Conditions, Unaddressed:</b> <ul style="list-style-type: none"> <li>More emergency room visits and higher cost to the health plan</li> <li>Longer hospital stays and higher costs for the health plan prior to giving birth</li> <li>NICU (neonatal intensive care unit) and acute care stays and costs for newborns</li> <li>Lifetime patient and societal costs of coping with enduring limitations.</li> </ul>
<b>Alere Interventions:</b> <ul style="list-style-type: none"> <li>Comprehensive maternal/fetal home assessment and education by OB RN</li> <li>Comprehensive scope of evaluations and education--patient health / psychosocial, environmental, home assessments / assessments of fetal movement / training in self-care protocols, nutrition, social habits, etc. (see detailed list following this section).</li> <li>Weekly injections of “17P” or “Makena” by OB RN to reduce recurrent preterm births</li> <li>24/7 telephonic OB nurse availability</li> </ul>
<b>Benefits of Alere Interventions:</b> <ul style="list-style-type: none"> <li>Diligent supervision by Alere OB RN’s yields 97% Alere patient compliance with weekly injection requirements. Compliance is directly associated with reductions in preterm deliveries.</li> <li>Elimination of barriers to care (ie. Transportation, childcare issues, missing scheduled visits etc) to improve compliance with weekly injection schedule. 17P reduces preterm birth incidence by 34%.</li> <li>Reduced costs of ED visits, maternal hospitalizations, NICU care, and future health and societal costs.</li> <li>A 2006 National Institute of Medicine study of 5,609 Medicaid patients with a history of preterm delivery, who received weekly 17P injections, identified almost a 50% reduction of preterm deliveries, with a Medicaid net savings of \$8,090 per birth.</li> </ul>

*Note: “17P” is abbreviated name of 17 alphahydroxyprogesterone caproate.*



<b>Program: Nausea and Vomiting in Pregnancy (NVP)</b>
<b>Health Condition(s) Addressed:</b> <ul style="list-style-type: none"> <li>• Intractable nausea, vomiting, and dehydration (hyperemesis gravidarum) in pregnancy</li> </ul>
<b>Health Risks of Condition:</b> <ul style="list-style-type: none"> <li>• Severe discomfort and inability to perform activities of daily living</li> <li>• Dehydration</li> <li>• Malnutrition mother/fetus</li> </ul>
<b>Costs of Conditions, Unaddressed:</b> <ul style="list-style-type: none"> <li>• ER visits, 24hr observation stays, hospital admissions of the expectant mother to alleviate symptoms and reduce potential maternal/fetal complications.</li> </ul>
<b>Alere Interventions:</b> <ul style="list-style-type: none"> <li>• Multi-interventional approach including dietitians, perinatal nurse clinicians, high risk obstetrical pharmacist consultation, psychosocial assessment, in home nursing support, and delivery of antiemetic-medication through a subcutaneous micro-infusion pump</li> <li>• Daily telephonic assessments by high risk obstetrical nurse</li> <li>• Dietary consultation to address maternal nutritional needs</li> <li>• Limited IV hydration to stabilize fluid balance and alleviate overall symptoms</li> </ul>
<b>Benefits of Alere Interventions:</b> <ul style="list-style-type: none"> <li>• 78% increase in weight gain of mother or stabilization</li> <li>• 89% reduction in nausea and vomiting</li> <li>• Hospital admissions for such patients: 65.4% reduced to 3.3%</li> <li>• Reduced costs of ED visits, physician office visits, maternal hospitalizations, NICU care, future health and societal costs.</li> </ul>



<p style="text-align: center;"><b>Program: Diabetes in Pregnancy</b></p>
<p><b>Health Condition(s) Addressed:</b></p> <ul style="list-style-type: none"> <li>• Gestational diabetes (pre-existing or pregnancy-related maternal diabetes)</li> </ul>
<p><b>Health Risks of Condition:</b></p> <ul style="list-style-type: none"> <li>• Maternal complications from out-of-control blood sugar levels</li> <li>• Birth complications as a result of Macrosomia (large baby) including increased risk of shoulder dystocia/injury during birth.</li> <li>• Elevated blood sugar levels of baby post delivery</li> <li>• Maternal/infant morbidity and mortality associated with uncontrolled blood sugar management</li> </ul>
<p><b>Costs of Conditions, Unaddressed:</b></p> <ul style="list-style-type: none"> <li>• 3X more likely to require pre- and post-natal hospitalizations of mother and/or newborn than in non-diabetic population; hospitalization cost of \$4,000-\$4,300 in 2010 prices (5 years ago)</li> <li>• Hospital admissions of this type increased 72%-75% in last decade studied</li> </ul>
<p><b>Alere Interventions:</b></p> <ul style="list-style-type: none"> <li>• Intensive programs for both insulin-requiring and non-insulin-requiring mothers, to ensure compliance with the care plan approved by patient's physician</li> <li>• Initial in-home education/counseling regarding nature of diabetes in pregnancy, glucose monitoring, meal planning and physical activity.</li> <li>• Ongoing telephonic management of patients to address blood sugar trends.</li> <li>• Medication management with daily assessment of blood glucose and ketones through telephonic reporting</li> <li>• All needed insulin and supplies are delivered to home</li> <li>• 24/7 OB RN &amp; Certified Diabetic Educators (CDE) access via telephone</li> <li>• When using insulin pump management, ongoing monitoring of patient data and remote adjustments of medication</li> </ul>
<p><b>Benefits of Alere Interventions:</b></p> <ul style="list-style-type: none"> <li>• Alere can save an average of \$13,000 per pregnancy in total costs of care for mother and neonate</li> <li>• NICU admissions alone can be reduced up to 25%</li> <li>• 2010 Study of pre-gestational diabetes patients (insulin-dependent) showed: <ul style="list-style-type: none"> <li>--increase in patient compliance from 8.4% on Day 1 to 69.3% on Day 4</li> <li>--27% reduction in out-of-target blood glucose levels</li> <li>--60% improvement in compliance with blood glucose testing protocols</li> <li>--47% reduction in number of Type 2 diabetes patients with A1C indicator &gt; 6%</li> </ul> </li> <li>• 2010 Outcomes Study of Alere Diabetes Program vs. conventional management in the physician's office showed the following improvements in birth complications in diabetic mothers:</li> </ul>



- Reduction in macrosomia (large birth weight) from 13.6% to 9.6%
- Reduction in hyperbilirubinemia (increased bilirubin levels) from 17.5% to 9.2%
- Reduction in hypoglycemia from 20% to 5.6%
- Reduction respiratory complications from 6.2% to 4.2%
- Reduction in shoulder dystocia from 1.4% to 0.1% (can lead to permanent nerve damage and long term disability)
- Reduction in NICU admissions from 25% to 8%

*Notes, edited and paraphrased from sources indicated:*

*Fetal Macrosomia:* *In a newborn, the risks associated with fetal macrosomia increase greatly when birth weight is more than 9 pounds 15 ounces. Fetal macrosomia can complicate vaginal delivery, putting the baby at risk of injury during birth, and at increased risk of health problems after birth. [Mayo Clinic]*

*Hyperbilirubinemia:* *Excessive bilirubin in the blood, which can produce jaundice, a yellow tint to a newborn's skin and the white part of the eyes. In newborns, in rare cases, if bilirubin levels stay high and are not treated, this condition can cause brain damage resulting in serious lifelong problems. [Tabor's Cyclopedic Medical Dictionary & WebMD]*

*Hypoglycemia:* *A deficiency of blood sugar--the most common metabolic problem in newborns. The most common symptoms are jitteriness, cyanosis (blue coloring), apnea (stopping breathing), hypothermia (low body temperature), poor body tone, poor feeding, lethargy, and seizures. Major long-term consequences can include neurologic damage resulting in mental retardation, recurrent seizure activity, developmental delay, and personality disorders. Some evidence suggests that severe hypoglycemia may impair cardiovascular function. [Tabor's & Stanford Children's Health]*

*Dystocia:* *Difficult labor. It may result from either the size of the fetus or the small size of the pelvic outlet. Shoulder dystocia occurs when a baby's head is delivered but his shoulders get stuck inside the mother's body. This creates risks for both mother and baby. The underlying condition, if not treatable in advance of delivery, can make delivery by cesarean section necessary. [March of Dimes]*



<p align="center"><b>Program: Managing Hypertension Disorders in Pregnancy</b></p>
<p><b>Health Condition(s) Addressed:</b></p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Preeclampsia (formerly called “toxemia”) leading to eclampsia, a serious condition that could result in maternal and fetal morbidity and mortality</li> </ul>
<p><b>Health Risks of Condition:</b></p> <ul style="list-style-type: none"> <li>• Hypertension late in pregnancy can require the need for induced premature delivery of infant, potentially leading to increased neonatal cost and infant morbidity/mortality</li> <li>• High (25%) risk of preeclampsia with hypertension. Mothers with preeclampsia may experience rapid weight gain, abdominal pain, headaches, changes in reflexes, dizziness, vomiting, nausea, and vision changes. Uncontrolled PIH can lead to development of eclampsia/seizures.</li> </ul>
<p><b>Costs of Conditions, Unaddressed:</b></p> <ul style="list-style-type: none"> <li>• Longer hospital stays for mother both pre and post-partum, resulting in higher total costs of care</li> <li>• NICU stays for infants due to prematurity and other complications as a result of mother’s condition</li> <li>• Damage to organs of mother and fetus (preeclampsia)</li> </ul>
<p><b>Alere Interventions:</b></p> <ul style="list-style-type: none"> <li>• Initial in-home assessment and education pertaining to Pregnancy Induced Hypertension (PIH), education on use of equipment for daily blood pressure monitoring.</li> <li>• Intensive surveillance and support for patients at high risk of, or with, mild preeclampsia in the outpatient setting.</li> <li>• Identifies changes in condition that may indicate progression of hypertension with the need to re-admit to the hospital.</li> <li>• Daily weight, measurement of protein in urine, patient assessment/education</li> <li>• Twice daily fetal kick count</li> <li>• 24/7 OB nurse availability for telemetric monitoring of blood pressures and patient assessments as needed.</li> </ul>
<p><b>Benefits of Alere Interventions:</b></p> <ul style="list-style-type: none"> <li>• 2006 Study found that Alere reduced costs associated with hypertensive disorders--shortening hospital stays by 1.2 days and reducing patient costs from \$10,327 to \$4,888.</li> </ul>



<p align="center"><b>Program: Coagulation Disorders</b></p>
<p><b>Health Condition(s) Addressed:</b></p> <ul style="list-style-type: none"> <li>• Deep vein thrombosis (DVT), Factor V Leiden, Antiphospholipid Antibodies, Pulmonary Embolus, Prothrombin Mutations, Von Willebrand Disease</li> </ul>
<p><b>Health Risks of Condition:</b></p> <ul style="list-style-type: none"> <li>• Can cause first trimester spontaneous abortions</li> <li>• Untreated clotting disorders can result in deep vein thrombosis and pulmonary embolism that could result in maternal death.</li> </ul>
<p><b>Costs of Conditions, Unaddressed:</b></p> <ul style="list-style-type: none"> <li>• NA</li> </ul>
<p><b>Alere Interventions:</b></p> <ul style="list-style-type: none"> <li>• Obstetrical Pharmacist in Regional Clinical Center manages and monitors dosing of heparin to specific patient parameters</li> <li>• OB RN provides and reinforces patient education regarding coagulation disorders and their various complications</li> <li>• Provides 24/7 opportunity for patient to triage with OB RN</li> </ul>
<p><b>Benefits of Alere Interventions:</b></p> <ul style="list-style-type: none"> <li>• Reduces risks of maternal morbidity &amp; mortality</li> </ul>



b . Accessibility

Tennessee does not compile clinically detailed data on home health agency patients. But what is reported publicly in the Joint Annual Reports suggests that for high-risk pregnant women, there may be accessibility issues--especially for TennCare enrollees. Alere feels that one reason for this is that many home care companies are reluctant to serve them for fear of lawsuits and liabilities when pregnancies result in harm to the mother and/or the baby. Such a fear is not irrational, if the agency is not deeply experienced with this type of care.

Section C(I)5 (Utilization) later in the application contains detailed tables on the utilization of agencies in this area. In that section, Table Nine-B ranks area agencies by their percent of gross charges to TennCare patients; and Table Ten-C ranks them by the percentage of their services to women of childbearing age.

The TennCare table suggests that there is a broad lack of TennCare access to most authorized agencies in the area. Approximately 22.5% of the area's population is enrolled in TennCare. However, almost two-thirds of area home care agencies (61%) have only a TennCare payor mix of 0-10%. This cannot be fully explained by reference to the large proportion of Medicare patients served relative to younger adults. In fact, of all 72 area agencies, only 9 match or exceed Alere/Nashville's TennCare payor mix of 48% (who constitute 72% of Alere patients). These facts suggest that the market needs, and can accommodate, an exceptionally TennCare-accessible provider like Alere, that addresses a very small section of the total population and does not compete for most of its patients with most other home care providers.

The second issue raised by the data is whether pregnant women in or out of TennCare in this service area have sufficient access to these agencies when high-risk situations develop. The JAR's do not provide data on home care patients ages 15-44; but they do provide data on patients ages 18-64--a range that covered all of Alere/Davidson's pregnant patients in 2014. Although a gender breakdown of patients 18-64 years of age is not provided in the JAR's, it is reasonable to apply a 50% assumption to generally estimate the number of female patients served in that age cohort. Using that assumption, Table Ten-C in Section C(I)5 shows that in 2014, the women in this age bracket in these



22 counties who received home care for any condition totaled only 12.9% of the 18,364 patients served in these 22 counties. Agencies' service levels to these women varied between 0% and 50%--which itself implies how much variation of access there is among agencies. The table shows that 59 (or 82%) of the 72 licensed agencies had 20% or less of their area patients in this gender age group. Alere feels that a major reason for this low female service percentage at so many agencies is that they do not offer the specialized services required to serve women whose pregnancies present serious health challenges.

Another important implication of the low percentage of pre-Medicare adult women in the area's home health caseloads is that Alere's entry into these counties will not adversely impact the financial viability of existing providers. In 2014, these 72 agencies served 18,364 area patients. An estimated 2,367 were probably adult women 18-64 years of age (see Base Table 1 in the Attachments).

Alere/Davidson projects serving only 43 service area women per year in this area. Alere believes that many of these patients would not otherwise be receiving home care from any existing agency. But even in the very unlikely event that all 43 would be taken from existing agency caseloads (very unlikely), that impact would equate to less than one-fourth of one percent of these agencies' total area patients in 2014. This could not reasonably be viewed as a significant impact from an areawide planning perspective.

c. Support from Referral Sources

When Alere/Davidson was granted CON approval in 1998 to expand from a home medical equipment provider to a home health agency for high-risk pregnant women, numerous medical practices wrote strong letter of support for Alere, citing its high quality, high dependability, and the need for its services. Alere is currently requesting letters of support from physicians and insurers who have patients in the proposed service area with home care needs. These are not available at the time of filing this application. They will be provided to the Agency under separate cover.



**B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.**

Not applicable.

**B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF \$2.0 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:**

1. For fixed site major medical equipment (not replacing existing equipment):
  - a. Describe the new equipment, including:
    1. Total Cost (As defined by Agency Rule);
    2. Expected Useful Life;
    3. List of clinical applications to be provided; and
    4. Documentation of FDA approval.
  - b. Provide current and proposed schedule of operations.
2. For mobile major medical equipment:
  - a. List all sites that will be served;
  - b. Provide current and/or proposed schedule of operations;
  - c. Provide the lease or contract cost;
  - d. Provide the fair market value of the equipment; and
  - e. List the owner for the equipment.
3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.)  
In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable. The project contains no major medical equipment.

**B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:**

1. SIZE OF SITE (IN ACRES);
2. LOCATION OF STRUCTURE ON THE SITE;
3. LOCATION OF THE PROPOSED CONSTRUCTION; AND
4. NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.

**PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.**

A site plan is not applicable. This application requests additional counties for the service area of an existing home health agency.



**B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.**

For home care, the site of service is the patient's home. The sites for this project will be in twenty-two Middle Tennessee counties. Alere/Davidson will assure accessibility to care by employing OB RN's who reside in or near these new counties. It happens that half of these proposed counties can be covered by Alere OB Nurses who are already employed by Alere. The tables on the next two pages show how Alere field staff will be able to rapidly respond to patients in the proposed counties.

*(Note: Alere's staffing chart in a later section of this application projects only a few additional nursing FTE's to care for a small annual patient population. The staffing chart projects the total cumulative FTE's that will be used, not the total FTE's under contract for use as needed. The OB RN pool will have backup OB RN availability for the times when the OB RN closest to a patient's residence becomes temporarily unavailable.)*



<b>Table Two: Alere Field Staff Accessibility to Proposed Service Area</b>		
<b>Proposed Service Area In Which Field Staff May be Recruited</b>		<b>Alternative Accessible Counties Where Field Staff Already Exist* or May be Recruited</b>
<b>County</b>	<b>Principal City</b>	<b>Counties</b>
Cannon	Woodbury	Rutherford*, Warren
Clay	Celina	Overton, Jackson
Cumberland	Crossville	Morgan, Overton
DeKalb	Smithville	Putnam
Fentress	Jamestown	Morgan, Overton, Scott
Franklin	Winchester	Coffee*, Marion
Giles	Pulaski	Maury*, Giles
Humphreys	Waverly	Hickman, Maury*
Jackson	Gainesboro	Putnam, Overton, Franklin
Lawrence	Lawrenceburg	Maury*
Lewis	Hohenwald	Maury*, Hickman, Dickson
Lincoln	Fayetteville	Giles, Bedford, Franklin
Macon	Lafayette	Sumner*
Moore	Lynchburg	Coffee*, Bedford, Lincoln
Overton	Livingston	Putnam, Cumberland, Fentress
Pickett	Byrdstown	Overton, Fentress
Putnam	Cookeville	Overton, Cumberland, DeKalb
Smith	Carthage	Wilson*, Macon
Stewart	Dover	Montgomery*, Wilson, Sumner
Trousdale	Hartsville	Wilson*, Sumner
Van Buren	Spencer	Warren, Cumberland
White	Sparta	Cumberland, Putnam
Cannon	Woodbury	Rutherford*, Warren

*Source: Alere/Davidson management.*

*Note: Alere/Davidson may recruit field staff residing in the proposed service area counties (first column in table) and/or field staff residing in accessible nearby counties (second column).*



The accessibility in drive time between proposed staff locations and the principal city in the county of service is shown in the following table.

<b>Table Three: Mileage and Drive Times Between Alere Field Staff and Major Communities in the 22-County Primary Service Area</b>			
<b>Principal Cities in Proposed New Service Area Counties</b>	<b>Alternative Accessible Cities and Counties Where Field Staff Already Exist or May be Recruited</b>	<b>Distance in Miles</b>	<b>Drive Time in Minutes</b>
Woodbury (Cannon)	Murfreesboro (Rutherford)	19.2	24
Celina (Clay)	Livingston (Overton)	17.7	24
Crossville (Cumberland)	Wartburg (Morgan)	34.8	49
Smithville (DeKalb)	Cookeville (Putnam)	28.0	36
Jamestown (Fentress)	Wartburg (Morgan)	35.7	57
Winchester (Franklin)	Manchester (Coffee)	24.9	33
Pulaski (Giles)	Columbia (Maury)	30.5	39
Waverly (Humphreys)	Centerville (Hickman)	39.4	44
Gainesboro (Jackson)	Cookeville (Putnam)	18.8	27
Lawrenceburg (Lawrence)	Columbia (Maury)	37.8	44
Hohenwald (Lewis)	Columbia (Maury)	32.9	43
Fayetteville (Lincoln)	Pulaski (Giles)	29.2	34
Lafayette (Macon)	Gallatin (Sumner)	30.2	39
Lynchburg (Moore)	Manchester (Coffee)	25.0	34
Livingston (Overton)	Cookeville (Putnam)	21.2	27
Byrdstown (Pickett)	Livingston (Overton)	20.0	27
Cookeville (Putnam)	Livingston (Overton)	21.2	27
Carthage (Smith)	Lebanon (Wilson)	21.0	28
Dover (Stewart)	Clarksville (Montgomery)	30.8	36
Hartsville (Trousdale)	Lebanon (Wilson)	16.1	23
Spencer (Van Buren)	McMinnville (Warren)	21.1	30
Sparta (White)	Crossville (Cumberland)	27.2	34

*Source: Google Maps, June 2015*

*Note: Alere/Davidson may recruit field staff within the proposed service area counties (first column in table) or as an alternative within accessible nearby counties (second column, which contains highest priority alternative location).*



**B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.**

See attachment B.IV.

**IV. FOR A HOME CARE ORGANIZATION, IDENTIFY**

- 1. EXISTING SERVICE AREA (BY COUNTY);**
- 2. PROPOSED SERVICE AREA (BY COUNTY);**
- 3. A PARENT OR PRIMARY SERVICE PROVIDER;**
- 4. EXISTING BRANCHES AND/OR SUB-UNITS; AND**
- 5. PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization.



**C(I) NEED**

**C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.**

**A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.**

**B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).**

**Guidelines for Growth 2000: Project-Specific Guidelines**  
**Home Health Services**

- 1. The need for home health agencies/services shall be determined on a county by county basis.**
- 2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services that county. The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.**
- 3. Using recognized population sources, projections for four years into the future will be used.**
- 4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.**

This projection is now done by the Tennessee Department of Health (TDH). The most current version is a 2014-2019 projection of need, by county. The TDH projections for the proposed service area are attached on the following page. None of these 22 counties is projected to have an unmet need for additional home healthcare services.

However, that projection is not relevant to this project. The projection methodology is for all types of home health needs and it uses a 1.5% planning factor for an entire county population. By contrast, this Alere project deals with only the female population of childbearing age, and within that group only the high-risk pregnancies.



**Joint Annual Report of Home Health Agencies - 2014 Final\***  
**Comparison of Population Based Need Projection vs. Actual Utilization (2019 vs. 2014)\*\***

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2014 Pop.	Use Rate	Projected 2019 Pop.	Projected Capacity	Projected Need (.015 x 2019 Pop.)	Need or (Surplus) for 2019
Tennessee	1,482	1,496	174,329	6,658,532	0.0261812964	7,035,572	184,200	105,534	(78,667)
Cannon	16	17	543	14,258	0.0380838827	14,740	561	221	(340)
Clay	6	6	296	7,874	0.0375920752	7,879	296	118	(178)
Cumberland	14	15	1,754	59,990	0.0292382064	64,687	1,891	970	(921)
DeKalb	20	18	673	19,344	0.0347911497	20,074	698	301	(397)
Fentress	7	7	998	18,548	0.0538063403	19,192	1,033	288	(745)
Franklin	14	13	1,510	41,763	0.0361564064	42,543	1,538	638	(900)
Giles	12	10	1,019	29,680	0.0343328841	29,802	1,023	447	(576)
Humphreys	15	12	715	18,851	0.0379290223	19,136	726	287	(439)
Jackson	11	11	428	11,965	0.0357709987	12,320	441	185	(256)
Lawrence	14	11	1,753	42,761	0.0409952995	43,689	1,791	655	(1,136)
Lewis	11	8	423	12,565	0.0336649423	13,002	438	195	(243)
Lincoln	13	13	1,224	34,275	0.0357111597	35,286	1,260	529	(731)
Macon	14	16	940	23,059	0.0407649941	24,023	979	360	(619)
Moore	11	11	85	6,659	0.0127646794	6,994	89	105	16
Overton	10	10	845	23,025	0.0366992400	24,090	884	361	(523)
Pickett	7	6	261	5,169	0.0504933256	5,251	265	79	(186)
Putnam	17	15	2,625	77,237	0.0339863019	83,063	2,823	1,246	(1,577)
Smith	17	17	626	19,884	0.0314825991	20,685	651	310	(341)
Stewart	11	11	367	13,798	0.0265980577	14,313	381	215	(166)
Trousdale	14	15	350	8,233	0.0425118426	8,651	368	130	(238)
Van Buren	11	11	230	5,622	0.0409107079	5,684	233	85	(147)
White	13	12	1,052	26,979	0.0389932911	28,278	1,103	424	(678)
	278	265	18,717	521,539		543,382	19,472	8,149	(11,321)

Source: TDH; counties not in service area deleted by CON applicant and totals inserted.

\*Most recent year of Joint Annual Report data for Home Health Agencies

\*\*Data is projected four years from the year the Home Health data was **finalized**, not the actual year of Home Health data.

Population Data Source: The University of Tennessee Center for Business and Economic Research (UTCBER) Projection Data Files, reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment.

Note: Population data will not match the UTCBER data exactly due to rounding.



The State Health Plan and the Guidelines for Growth appropriately focus on home health needs in general, for an entire population; but this project should not be reviewed only under an irrelevant criterion. Other criteria in the Guidelines recognize the need to give weight to local physician expressions of need and to types of care that are not otherwise available to the entire service area.

**5. Documentation from referral sources:**

**a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.**

After submittal of this application, the applicant will seek to provide letters of referral support from physicians and nurses who make home health referrals, as well as from insurer organizations.

**b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.**

Table Four below provides Alere's estimate of its Year One case composition from a clinical perspective.

<b>Table Four: Estimated Year One Composition of Cases By Clinical Need Alere Women's and Children's Health / Davidson County</b>	
<b>Type of Patient</b>	<b>Number (%)</b>
Preterm Education, Nursing Surveillance, & 17P Administration	30
Nausea and Vomiting in Pregnancy	5
Diabetes in Pregnancy	4
Hypertension Disorders in Pregnancy	2
Coagulation Disorders in Pregnancy	1
Total Projected Patients, Year One	42 (100%)

*Source: Alere management.*

**c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.**



These are being gathered by the applicant for submission under separate cover.

**d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.**

This information is discussed above in Section B.II.C. The applicant is a national leader in the provision of comprehensive and specialized care to high-risk pregnant women and their fetuses/newborns. The expertise, continuity, and effectiveness of Alere's maternal/infant care programs are not equaled by any other provider. There is no other provider now in the service area with such a focused or experienced care program for this very vulnerable patient population. Few of the currently authorized providers are as accessible to high-risk pregnant patients--particularly TennCare patients--as is Alere.

**6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.**

**a. The average cost per visit by service category shall be listed.**

**b. The average cost per patient based upon the projected number of visits per patients shall be listed.**

Table Five-A below provides information on the average costs and charges by hours and visits, as reported by a random sampling of home care agencies who now operate in this service area. However, they do not allow a meaningful comparison to Alere's cost and charge structure. Alere negotiates with all its insurers, including Medicaid MCO's, a comprehensive "bundled" rate that covers all Alere services. Those negotiated rates vary; they are proprietary and confidential. Alere does not have separate costs, or charges, that are identifiable for "hours" or "visits". The Alere information in Table Five-B below is Alere/Davidson's calculated average gross charge per patient, derived from the Projected Data Chart of the applicant. Alere's only field staff are OB RN's and their services are skilled nursing under the JAR format.



<b>Table Five-A: Cost &amp; Charge Data of Agencies Currently in the Service Area Skilled Nursing</b>				
<b>Agency*</b>	<b>Cost/Visit</b>	<b>Charge/Visit</b>	<b>Cost/Hour</b>	<b>Charge/Hour</b>
1	\$108	\$108	No JAR Data Is Reported For This	NR
2	\$136	\$136		\$40
3	\$106	\$106		\$44
4	\$NR	\$175		\$55
5	\$97	NR		NR
Alere/Dav'son	NR	NR		NR

*Source: 2014 Joint Annual Reports; and Alere management.*

\*Key to Agencies:

1. Elk Valley Home Health Care Agency, LLC (76032)
2. Home health Care of Middle Tennessee, LLC (19584)
3. Quality Home Health (25044)
4. Vanderbilt Community and Home Services (19394)
5. NHC Homecare (75024)

<b>Table Five-B: Alere/Davidson's Average Charges Per Patient (All Counties)</b>		
	<b>Year One--2015</b>	<b>Year Two--2016</b>
Patients	42	43
Total Gross Revenue Per Patient	\$6,787	\$6,786

*Source: Maxim management.*



## **The Framework for Tennessee's Comprehensive State Health Plan**

### **Five Principles for Achieving Better Health**

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

#### **1. Healthy Lives**

***The purpose of the State Health Plan is to improve the health of Tennesseans.***

**Every person's health is the result of the interaction of individual behaviors, society, the environment, economic factors, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.**

The purpose of this project is to provide specialized health services to high-risk pregnant women and their newborns, under the medical direction of patient physicians. The coordinated efforts of Alere's specialized OB RN's with the patients' physicians will reduce the suffering and costs of maternal and fetal/newborn health problems in the project service area.

#### **2. Access to Care**

***Every citizen should have reasonable access to health care.***

**Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.**

The project will increase the access of service area women, including TennCare enrollees, to cost-effective specialized services that enhance the health of mothers and babies and reduce the costs of their care during high-risk pregnancies.

#### **3. Economic Efficiencies**

***The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. The State Health Plan should work to identify opportunities to improve the efficiency of the state's health care system and to encourage innovation and competition.***

The project is intended to provide broader accessibility to Alere's cost-effective and health-enhancing programs of maternal/fetal home care. The project will provide leadership in setting standards of care for pregnant women in the service area. It will improve efficiency of care by reducing the need for distressed pregnant women to seek



care in expensive emergency rooms or hospital beds, when that can be avoided by skillful home care incorporating 24/7 telephonic support and constant monitoring by skilled clinicians.

#### **4. Quality of Care**

***Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. Health care providers are held to certain professional standards by the state's licensure system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.***

The applicant is licensed in Tennessee and is fully Joint-Commission accredited. Alere has earned the Joint Commission's Gold Seal ranking for the excellence of its programs.

#### **5. Health Care Workforce**

***The state should support the development, recruitment, and retention of a sufficient and quality health care workforce. The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs, and funding.***

The project is a home care service, not a facility; as such it is not involved in the rotational training of health professionals.

#### **C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.**

If this application is approved, Alere may wish to expand into additional counties including the least populous and lowest-income counties.

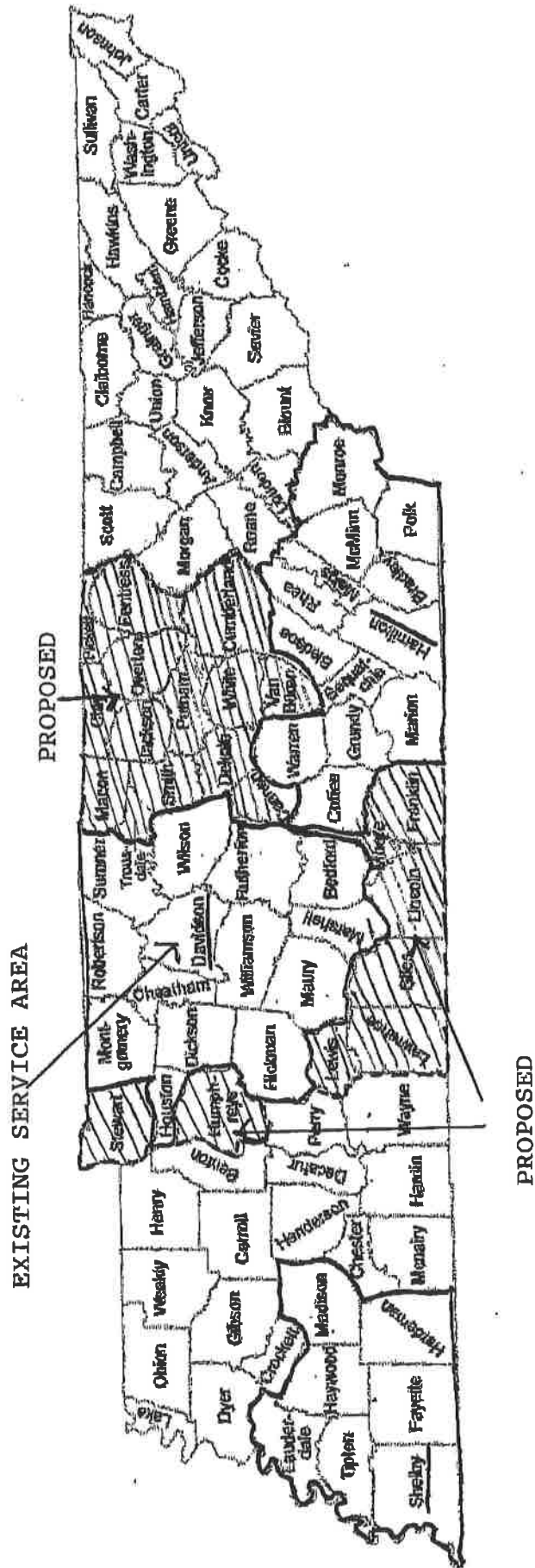


**C(I).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).**

The proposed service area consists of 22 Middle Tennessee counties. They are Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White Counties.

A service area map showing the location of the service within the State of Tennessee is provided after this page, and also in Attachment C, Need--3 at the back of the application.







**C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.**

Please see Table Six following this page.

The service area population is more aged than the State, having a median age of 42.1 years compared to the State's 38.0 years.

The service area's population of women of childbearing age (15-44) is 18.3% of its total population. Between this year and 2019, that is projected to increase by 5.6%, more than twice the 2.4% Statewide rate of increase for this gender age group.

The service area counties' average household income is 17% lower than the Tennessee State average: \$36,672 compared to \$44,288. Consistent with this, their TennCare enrollments are higher: 22.5% for the service area, compared to 21% for the State. Also consistent is the fact that the area has a higher percentage (19.6%) of its residents living below the Federal "poverty level" than does the State as a whole (17.6%).



**Table Six: Demographic Characteristics of Project Service Area  
Alere Davidson County--Proposed Additional Counties  
2015-2019**

Primary Service Area	Demographic Characteristics													
	County	Median Age 2010 Census	Female 15-44 Population 2015	Female 15-44 Population 2019	Female 15-44 Population % Change 2015 - 2019	Total Population 2015	Total Population 2019	Female 15-44 Population % of Total Population 2015	Female 15-44 Population % of Total Population 2019	Median Household Income	TennCare Enrollees April 2015	Percent of 2015 Population Enrolled in TennCare	Persons Below Poverty Level 2015	Persons Below Poverty Level as % of Population US Census
	Cannon	41.4	2,550	2,690	5.5%	14,218	14,631	17.9%	18.4%	\$40,689	2,930	20.6%	2,531	17.8%
	Clay	45.1	1,231	1,271	3.2%	7,681	7,684	16.0%	16.5%	\$29,727	2,198	28.6%	1,582	20.6%
	Cumberland	48.3	9,344	10,578	13.2%	58,340	61,077	16.0%	17.3%	\$37,188	12,071	20.7%	10,268	17.6%
	DeKalb	41.0	3,307	3,296	-0.3%	18,996	19,172	17.4%	17.2%	\$37,482	5,159	27.2%	3,609	19.0%
	Fentress	42.3	3,268	3,445	5.4%	18,553	19,133	17.6%	18.0%	\$29,192	5,940	32.0%	4,768	25.7%
	Franklin	41.3	8,056	8,782	9.0%	41,391	42,408	19.5%	20.7%	\$42,904	7,553	18.2%	6,250	15.1%
	Giles	42.1	5,172	5,092	-1.5%	29,293	29,282	17.7%	17.4%	\$38,495	6,067	20.7%	5,712	19.5%
	Humphreys	41.9	3,221	3,239	0.6%	18,519	18,581	17.4%	17.4%	\$42,846	4,083	22.0%	2,963	16.0%
	Jackson	44.7	1,901	1,897	-0.2%	11,383	11,520	16.7%	16.5%	\$33,386	2,769	24.3%	2,777	24.4%
	Lawrence	39.7	7,473	7,592	1.6%	42,373	42,373	17.6%	17.9%	\$37,368	10,090	23.8%	8,432	19.9%
	Lewis	41.2	2,158	2,072	-4.0%	12,112	12,259	17.8%	16.9%	\$17,751	2,908	24.0%	2,435	20.1%
	Lincoln	41.8	7,221	7,872	9.0%	34,624	36,059	20.9%	21.8%	\$41,571	7,288	21.0%	5,727	16.5%
	Macon	38.7	4,444	4,685	5.4%	23,419	24,366	19.0%	19.2%	\$35,306	6,657	28.4%	5,012	21.4%
	Moore	43.3	1,153	1,219	5.7%	6,364	6,415	18.1%	19.0%	\$46,170	824	12.9%	859	13.5%
	Overton	41.6	4,030	4,195	4.1%	22,593	23,104	17.8%	18.2%	\$34,604	5,070	22.4%	4,722	20.9%
	Pickett	47.2	732	744	1.6%	4,998	4,930	14.6%	15.1%	\$35,184	1,159	23.2%	975	19.5%
	Putnam	35.9	16,236	17,436	7.4%	78,416	83,992	20.7%	20.8%	\$33,709	16,418	20.9%	19,290	24.6%
	Smith	39.9	3,717	3,893	4.7%	19,771	20,468	18.8%	19.0%	\$42,383	4,081	20.6%	3,420	17.3%
	Stewart	42.8	2,351	2,397	2.0%	13,659	14,027	17.2%	17.1%	\$39,781	2,904	21.3%	2,445	17.9%
	Trousdale	39.5	1,595	1,697	6.4%	8,275	8,667	19.3%	19.6%	\$43,034	1,926	23.3%	1,498	18.1%
	Van Buren	44.5	876	909	3.8%	5,433	5,488	16.1%	16.6%	\$33,547	1,316	24.2%	1,092	20.1%
	White	42.0	4,906	5,285	7.7%	27,132	28,275	18.1%	18.7%	\$34,474	6,877	25.3%	4,965	18.3%
	Tennessee PSA	42.1	94,942	100,286	5.6%	517,543	533,911	18.3%	18.8%	\$36,672	116,288	22.5%	101,333	19.6%
	State of Tennessee	38.0	1,306,684	1,337,422	2.4%	6,649,438	6,894,997	19.7%	19.4%	\$44,298	1,399,004	21.0%	1,170,301	17.6%

Sources: TDH Population Projections, May 2013; U.S. Census QuickFacts; TennCare Bureau.  
PSA data is unweighted average, or total, or county data.



**C(I).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.**

Pregnancy risks have a higher incidence rate among low-income women than among all women of that age group. So financial accessibility to care becomes an important issue for women whose pregnancies put them and their babies at risk. The applicant, Alere/Davidson County, is extraordinarily accessible to low-income TennCare mothers. In 2014, 72% of its Tennessee patients were TennCare enrollees. The Alere agency's 48% TennCare payor mix (2014 JAR) was much higher than the TennCare payor mix of 63 of the 72 home care agencies operating in this service area--44 of whom had less than a 10% TennCare payor mix, 28 of that number having zero TennCare. More than 22% of the area population is enrolled in TennCare currently.

Alere will also remedy a common problem among home care agencies, which is a reluctance to serve many (or any) high-risk pregnant patients regardless of patient insurance--due to limited expertise in this highly specialized field and due to the heightened legal liability that can be involved with treating such patients. Due to its exclusive focus on this one type of patient, its years of experience with their special needs, and its excellent history of success in delivering effective care that reduces bad outcomes for mothers and babies at risk, Alere is uniquely positioned to handle these cases. It will vigorously pursue service to this underserved segment of the population, to the benefit not only of patients but also to those who pay the costs of care for their pregnancies and their newborns.



**C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND OCCUPANCY. OTHER PROJECTS SHOULD USE THE MOST APPROPRIATE MEASURES, E.G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.**

A series of tables following this page (and in the Attachments) identify existing area providers of home care and relevant aspects of their utilization. Those tables are:

#### **CURRENTLY AUTHORIZED AGENCIES**

Table Seven-A: Alphabetically, the names of the agencies currently licensed for any of the service area counties.

Table Seven-B: By State ID number, the agencies currently licensed for any of the service area counties.

*(Tables Seven-C and -D listed next are reference tables 14 pages in length. For brevity of this section, they have been placed in the "Miscellaneous" Attachments at the back of the application.)*

Table Seven-C: By county, alphabetically the names of the agencies currently licensed for each of the service area counties. *(See Attachment--Miscellaneous)*

Table Seven-D: By county, by State ID number the names of the agencies currently licensed for each of the service area counties. *(See Attachment--Miscellaneous)*

#### **UTILIZATION OF CURRENTLY AUTHORIZED AGENCIES**

Table Eight: By agency name alphabetically,

- Patients served in all its authorized counties, 2012-2014
- Patients served in the 22-county Alere project area, 2014
- Estimated female patients 18-64 who were served in 2014
- TennCare gross revenues as % of total gross revenues (i.e. payor mix)

Table Nine-A: Agency TennCare Payor Mix (By Agency Name)



- Table Nine-B: Agency TennCare Payor Mix (Ranked by Percentage)
- Table Ten-A: Agency Dependence on All Area Patients and on Female Age 18-64 Area Patients (By Agency Name)
- Table Ten-B: Agency Dependence on All Area Patients and on Female Age 18-64 Area Patients (Ranked by Dependence on All Area Patients)
- Table Ten-C: Agency Dependence on All Area Patients and on Female Age 18-64 Area Patients (Ranked by Dependence on Area's Female Patients 18-64)
- Base Table 1: In Attachments. This long table provides the county-specific patient data whose area totals are used in the other Tables.



**Table Seven-A: HHA's Licensed to Serve in Additional Area Requested by  
Alere Davidson County (Alphabetical)**

Health Statistics ID	Agency County	Agency
26054	Franklin	Amedisys Home Care
33103	Hamilton	Amedisys Home Health
67024	Overton	Amedisys Home Health
75054	Rutherford	Amedisys Home Health
19674	Davidson	Amedisys Home Health (Cumberland Bend)
19024	Davidson	Amedisys Home Health (Glen Echo Rd)
47202	Knox	Amedisys Home Health Care
75064	Rutherford	Amedisys Home Health Care
19684	Davidson	Amedisys Home Health Services
95084	Wilson	American National Home Health
19714	Davidson	Angel Private Duty and Home Health, Inc.
09065	Carroll	Baptist Memorial Home Care & Hospice
19504	Davidson	Brookdale Home Health Nashville
47062	Knox	Camellia Home Health of East Tennessee
19724	Davidson	Careall
89074	Warren	Careall Home Care Services
60074	Maury	Careall HomeCare Services
92025	Weakley	Careall HomeCare Services
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC
33383	Hamilton	Continuare Healthservices, Inc II
19734	Davidson	Coram CVS Specialty Infusion Services
47402	Knox	Covenant Homecare
14024	Clay	Cumberland River Homecare
36025	Hardin	Deaconess Homecare
52024	Lincoln	Deaconess Homecare
76032	Scott	Deaconess Homecare
95034	Wilson	Deaconess Homecare I
19494	Davidson	Elk Valley Health Services Inc
19614	Davidson	Friendship Home Health Agency
89084	Warren	Friendship Home Health, Inc.
63034	Montgomery	Gateway Home Health Clarksville
16024	Coffee	Gentiva Health Services
19084	Davidson	Gentiva Health Services
33093	Hamilton	Gentiva Health Services
95074	Wilson	Gentiva Health Services
47182	Knox	Gentiva Health Services 2 (Girling Health Care)
94074	Williamson	Guardian Home Care of Nashville, LLC
40075	Henry	Henry County Medical Center Home Health
02024	Bedford	Heritage Home Health
71014	Putnam	Highland Rim Home Health Agency
80064	Smith	Highpoint Homecare
83114	Sumner	Highpoint Homecare
19544	Davidson	Home Care Solutions, Inc



**Table Seven-A: HHA's Licensed to Serve in Additional Area Requested by  
Alere Davidson County (Alphabetical)**

Health Statistics ID	Agency County	Agency
06063	Bradley	Home Health Care of East Tennessee, Inc
19584	Davidson	Home Health Care of Middle Tennessee
19364	Davidson	Intrepid USA Healthcare Services
71084	Putnam	Intrepid USA Healthcare Services
89064	Warren	Intrepid USA Healthcare Services
52044	Lincoln	Lincoln Medical Home Health & Hospice
60044	Maury	Maury Regional Home Services
33253	Hamilton	Memorial Hospital Home Health
33033	Hamilton	NHC Homecare
60024	Maury	NHC Homecare
74054	Robertson	NHC Homecare
75024	Rutherford	NHC Homecare
60084	Maury	Quality First Home Care
25044	Fentress	Quality Home Health
25034	Fentress	Quality Private Duty Care
39035	Henderson	Regional Home Care - Lexington
41034	Hickman	St. Thomas Home Health
16034	Coffee	Suncrest Home Health
19324	Davidson	Suncrest Home Health
21024	DeKalb	Suncrest Home Health
63044	Montgomery	Suncrest Home Health of Nashville, Inc.
03025	Benton	Tennessee Quality Homecare - Northwest
20045	Decatur	Tennessee Quality Homecare - Southwest
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service
19394	Davidson	Vanderbilt Community & Home Services
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs
27085	Gibson	Volunteer Home Care, Inc
20055	Decatur	Volunteer Homecare of West Tennessee
19694	Davidson	Willowbrook Home Health Care Agency

Source: Department of Health Licensure - 9/12/2014 (Updated by HSDA Registry 4/7/2015)



**Table Seven-B: HHA's Licensed to Serve in Additional Area Requested by  
Alere Davidson County (By State ID Number)**

<b>Health Statistics ID</b>	<b>Agency County</b>	<b>Agency</b>
02024	Bedford	Heritage Home Health
03025	Benton	Tennessee Quality Homecare - Northwest
06063	Bradley	Home Health Care of East Tennessee, Inc
09065	Carroll	Baptist Memorial Home Care & Hospice
14024	Clay	Cumberland River Homecare
16024	Coffee	Gentiva Health Services
16034	Coffee	Suncrest Home Health
19024	Davidson	Amedisys Home Health (Glen Echo Rd)
19084	Davidson	Gentiva Health Services
19324	Davidson	Suncrest Home Health
19364	Davidson	Intrepid USA Healthcare Services
19394	Davidson	Vanderbilt Community & Home Services
19494	Davidson	Elk Valley Health Services Inc
19504	Davidson	Brookdale Home Health Nashville
19544	Davidson	Home Care Solutions, Inc
19584	Davidson	Home Health Care of Middle Tennessee
19614	Davidson	Friendship Home Health Agency
19674	Davidson	Amedisys Home Health (Cumberland Bend)
19684	Davidson	Amedisys Home Health Services
19694	Davidson	Willowbrook Home Health Care Agency
19714	Davidson	Angel Private Duty and Home Health, Inc.
19724	Davidson	Careall
19734	Davidson	Coram CVS Specialty Infusion Services
20045	Decatur	Tennessee Quality Homecare - Southwest
20055	Decatur	Volunteer Homecare of West Tennessee
21024	DeKalb	Suncrest Home Health
25034	Fentress	Quality Private Duty Care
25044	Fentress	Quality Home Health
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC
26054	Franklin	Amedisys Home Care
27085	Gibson	Volunteer Home Care, Inc
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service
33033	Hamilton	NHC Homecare
33093	Hamilton	Gentiva Health Services
33103	Hamilton	Amedisys Home Health
33253	Hamilton	Memorial Hospital Home Health
33383	Hamilton	Continucare Healthservices, Inc II
36025	Hardin	Deaconess Homecare
39035	Henderson	Regional Home Care - Lexington
40075	Henry	Henry County Medical Center Home Health
41034	Hickman	St. Thomas Home Health



**Table Seven-B: HHA's Licensed to Serve in Additional Area Requested by  
Alere Davidson County (By State ID Number)**

<b>Health Statistics ID</b>	<b>Agency County</b>	<b>Agency</b>
47062	Knox	Camellia Home Health of East Tennessee
47182	Knox	Gentiva Health Services 2 (Girling Health Care)
47202	Knox	Amedisys Home Health Care
47402	Knox	Covenant Homecare
52024	Lincoln	Deaconess Homecare
52044	Lincoln	Lincoln Medical Home Health & Hospice
60024	Maury	NHC Homecare
60044	Maury	Maury Regional Home Services
60074	Maury	Careall Homecare Services
60084	Maury	Quality First Home Care
63034	Montgomery	Gateway Home Health Clarksville
63044	Montgomery	Suncrest Home Health of Nashville, Inc.
67024	Overton	Amedisys Home Health
71014	Putnam	Highland Rim Home Health Agency
71084	Putnam	Intrepid USA Healthcare Services
74054	Robertson	NHC Homecare
75024	Rutherford	NHC Homecare
75054	Rutherford	Amedisys Home Health
75064	Rutherford	Amedisys Home Health Care
76032	Scott	Deaconess Homecare
80064	Smith	Highpoint Homecare
83114	Sumner	Highpoint Homecare
89064	Warren	Intrepid USA Healthcare Services
89074	Warren	Careall Home Care Services
89084	Warren	Friendship Home Health, Inc.
92025	Weakley	Careall Homecare Services
94074	Williamson	Guardian Home Care of Nashville, LLC
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs
95034	Wilson	Deaconess Homecare I
95074	Wilson	Gentiva Health Services
95084	Wilson	American National Home Health

*Source: Department of Health Licensure - 9/12/2014 (Updated by HSDA Registry 4/7/2015)*



**Table Eight: Patients Served By Home Health Agencies Licensed in Alere Davidson's Proposed Counties**

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2012 JAR Total Patients Served in TN	2013 JAR Total Patients Served in TN	2014 JAR Total Patients Served in TN	2014 Total Patients Served in Alere's Proposed 22-County Service Area
26054	Franklin	Amedisys Home Care	82	9/19/83	1,074	1,150	1,002	590
33103	Hamilton	Amedisys Home Health	113	7/1/81	3,343	2,878	2,564	17
67024	Overton	Amedisys Home Health	191	1/17/84	1,277	1,453	949	878
75054	Rutherford	Amedisys Home Health	207	6/7/84	554	661	535	14
19674	Davidson	Amedisys Home Health (Cumberland Bend)	254	7/1/88	2,943	5,182	2,148	207
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	38	2/2/76	1,598	2,008	1,508	40
47202	Knox	Amedisys Home Health Care	150	8/2/84	5,420	5,354	4,391	1
75064	Rutherford	Amedisys Home Health Care	5	8/23/84	1,431	1,582	1,372	388
19684	Davidson	Amedisys Home Health Services	68	10/1/17	388	23	210	0
95084	Wilson	American National Home Health (Friendship)	600	10/24/00	358	311	305	77
19714	Davidson	Angel Private Duty and Home Health, Inc. (Friendship)	622	3/24/09	73	123	79	10
09065	Carroll	Baptist Memorial Home Care & Hospice	19	7/3/84	213	262	283	6
19504	Davidson	Brookdale Home Health Nashville (Innovative Senior)	289	1/13/83	504	677	587	0
47062	Knox	Camellia Home Health of East Tennessee	144	9/7/78	1,556	1,716	1,732	127
19724	Davidson	Careall	295	7/5/84		1,562	1,665	937
89074	Warren	Careall Home Care Services	265	1/31/84	337	637	974	290
60074	Maury	Careall HomeCare Services	194	2/9/84	224	609	881	415
92025	Weakley	Careall HomeCare Services	276	6/16/83	2,668	2,036	2,337	87
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	83	1/29/76	1,371	2,030	2,444	522
33383	Hamilton	Continuicare Healthservices, Inc II	108	5/7/76	17	8	7	0
19734	Davidson	Coram CVS Specialty Infusion Services	624	1/30/13		11	26	2
47402	Knox	Covenant Homecare	133	7/14/78	3,946	3,953	4,792	0
14024	Clay	Cumberland River Homecare	135	12/28/82	236	392	393	393
95034	Wilson	Deaconess Homecare (Cedar Creek HH Care)	282	12/18/78	1,210	1,222	1,706	597
52024	Lincoln	Deaconess Homecare (Elk Valley)	161	2/25/76	704	842	1,294	778
76032	Scott	Deaconess Homecare (Elk Valley)	211	9/20/85	352	394	603	35
36025	Hardin	Deaconess Homecare (Gericare, LLC)	290	2/11/83	1,244	1,330	2,122	183
19494	Davidson	Elk Valley Health Services Inc	42	7/17/84	245	277	293	51
19614	Davidson	Friendship Home Health Agency	323	3/4/96	1,093	845	745	4
89084	Warren	Friendship Home Health, Inc.	619	2/12/08	1,345	1,724	1,721	610
63034	Montgomery	Gateway Home Health Clarksville	186	6/20/84	1,067	949	1,340	80
16024	Coffee	Gentiva Health Services	30	8/1/80	629	424	320	76
19084	Davidson	Gentiva Health Services	49	8/22/84	1,239	1,003	831	0
33093	Hamilton	Gentiva Health Services	100	8/24/84	268	328	348	0
95074	Wilson	Gentiva Health Services	41	1/10/83	1,482	1,380	1,203	157
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	149	8/15/84	1,031	1,467	1,815	1
94074	Williamson	Guardian Home Care of Nashville, LLC	607	5/24/01	1,365	1,370	1,668	91
40075	Henry	Henry County Medical Center Home Health	122	12/7/84	399	363	408	2
02024	Bedford	Heritage Home Health	4	5/4/84	280	241	421	6
71014	Putnam	Highland Rim Home Health Agency	197	5/2/78	495	574	497	493
80064	Smith	Highpoint Homecare (Sumner Homecare)	245	9/7/84	280	377	432	299
83114	Sumner	Highpoint Homecare (Sumner Homecare)	258	9/7/84	738	855	816	47
19544	Davidson	Home Care Solutions, Inc (LHC HomeCare of TN)	56	9/7/88	2,080	1,930	1,689	280
06063	Bradley	Home Health Care of East Tennessee, Inc	14	3/14/84	4,755	3,318	2,680	68
19584	Davidson	Home Health Care of Middle Tennessee	46	12/20/82	3,914	2,963	2,975	31
19364	Davidson	Intrepid USA Healthcare Services	34	6/20/84	920	766	1,389	5
71084	Putnam	Intrepid USA Healthcare Services	198	6/19/84	341	327	281	281
89064	Warren	Intrepid USA Healthcare Services	263	8/1/84	159	822	804	55
52044	Lincoln	Lincoln Medical Home Health & Hospice	160	11/22/83	396	348	339	336
60044	Maury	Maury Regional Home Services	180	5/31/84	1,220	1,151	1,553	350
33253	Hamilton	Memorial Hospital Home Health	103	8/9/82	3,264	2,439	2,651	0
33033	Hamilton	NHC Homecare	111	6/10/77	203	354	411	0
60024	Maury	NHC Homecare	181	11/22/77	2,134	2,408	2,591	1,289
74054	Robertson	NHC Homecare	205	1/12/84	909	1,332	1,842	0



**Table Eight: Patients Served By Home Health Agencies Licensed in Alere Davidson's Proposed Counties**

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	Agency License Number	Date Agency Licensed	2012 JAR Total Patients Served in TN	2013 JAR Total Patients Served in TN	2014 JAR Total Patients Served in TN	2014 Total Patients Served in Alere's Proposed 22-County Service Area
75024	Rutherford	NHC Homecare	208	5/17/76	3,269	3,776	4,180	1,406
60084	Maury	Quality First Home Care	90	8/12/82	855	923	1,023	667
25044	Fentress	Quality Home Health	287	3/7/84	4,012	3,404	3,591	1,704
25034	Fentress	Quality Private Duty Care	80	10/28/83	703	879	894	705
39035	Henderson	Regional Home Care - Lexington	139	2/1/84	616	569	582	0
41034	Hickman	St. Thomas Home Health (Hickman Co. HH)	125	6/1/84	134	214	311	47
16034	Coffee	Suncrest Home Health	29	4/16/84	1,114	1,588	2,122	258
19324	Davidson	Suncrest Home Health	70	5/30/84	6,710	5,490	4,624	318
21024	DeKalb	Suncrest Home Health	60	5/28/82	1,501	1,568	2,485	1,396
63044	Montgomery	Suncrest Home Health of Nashville, Inc.	293	2/1/84	381	587	1,276	36
03025	Benton	Tennessee Quality Homecare - Northwest	8	3/14/83	1,128	1,164	1,173	287
20045	Decatur	Tennessee Quality Homecare - Southwest	221	3/19/84	1,082	1,080	988	116
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	153	12/18/84	1,244	1,327	751	0
19394	Davidson	Vanderbilt Community & Home Services	43	6/8/84	1,230	1,879	1,700	0
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	604	9/15/00	86	67	135	10
27085	Gibson	Volunteer Home Care, Inc	285	5/26/82	3,027	3,041	2,995	53
20055	Decatur	Volunteer Homecare of West Tennessee	63	6/11/84	1,503	1,534	1,797	146
19694	Davidson	Willowbrook Home Health Care Agency	259	10/29/81	2,149	1,565	1,283	9
<b>TOTALS</b>					96,036	99,396	100,882	18,364

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies



**Table Nine-A: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere's Proposed Counties  
BY AGENCY NAME**

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues
26054	Franklin	Amedisys Home Care	\$3,590,072	\$0	0.0%
33103	Hamilton	Amedisys Home Health	\$9,877,048	\$0	0.0%
67024	Overton	Amedisys Home Health	\$4,345,087	\$0	0.0%
75054	Rutherford	Amedisys Home Health	\$1,763,304	\$0	0.0%
19674	Davidson	Amedisys Home Health (Cumberland Bend)	\$10,016,271	\$0	0.0%
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	\$4,995,813	\$3,972,170	79.5%
47202	Knox	Amedisys Home Health Care	\$16,836,113	\$0	0.0%
75064	Rutherford	Amedisys Home Health Care	\$5,109,967	\$0	0.0%
19684	Davidson	Amedisys Home Health Services	\$544,183	\$0	0.0%
95084	Wilson	American National Home Health (Friendship)	\$3,529,063	\$0	0.0%
19714	Davidson	Angel Private Duty and Home Health, Inc. (Friendship)	\$2,128,857	\$2,097,240	98.5%
09065	Carroll	Baptist Memorial Home Care & Hospice	\$807,380	\$0	0.0%
19504	Davidson	Brookdale Home Health Nashville (Innovative Senior)	\$3,818,800	\$0	0.0%
47062	Knox	Camellia Home Health of East Tennessee	\$18,455,024	\$9,251,718	50.1%
19724	Davidson	Careall	\$8,791,208	\$2,768,953	31.5%
89074	Warren	Careall Home Care Services	\$3,215,767	\$343,134	10.7%
92025	Weakley	Careall Homecare Services	\$15,132,242	\$5,595,861	37.0%
60074	Maury	Careall Homecare Services	\$2,784,544	\$485,997	17.5%
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	\$11,021,653	\$0	0.0%
33383	Hamilton	Continuicare Healthservices, Inc II	\$25,062	\$0	0.0%
19734	Davidson	Coram CVS Specialty Infusion Services	\$176,267	\$0	0.0%
47402	Knox	Covenant Homecare	\$14,925,332	\$68,948	0.5%
14024	Clay	Cumberland River Homecare	\$5,826,358	\$4,271,182	73.3%
95034	Wilson	Deaconess Homecare (Cedar Creek HH Care)	\$3,995,262	\$797,135	20.0%
52024	Lincoln	Deaconess Homecare (Elk Valley)	\$2,830,159	\$465,409	16.4%
76032	Scott	Deaconess Homecare (Elk Valley)	\$1,877,380	\$172,609	9.2%
36025	Hardin	Deaconess Homecare (Gericare, LLC)	\$6,762,137	\$1,021,238	15.1%
19494	Davidson	Elk Valley Health Services Inc	\$27,548,490	\$17,659,060	64.1%
19614	Davidson	Friendship Home Health Agency	\$2,116,650	\$239,091	11.3%
89084	Warren	Friendship Home Health, Inc.	\$3,994,546	\$38,264	1.0%
63034	Montgomery	Gateway Home Health Clarksville	\$1,428,183	\$216,376	15.2%
16024	Coffee	Gentiva Health Services	\$1,297,209	\$0	0.0%
19084	Davidson	Gentiva Health Services	\$3,732,503	\$0	0.0%
33093	Hamilton	Gentiva Health Services	\$1,493,248	\$0	0.0%
95074	Wilson	Gentiva Health Services	\$4,792,018	\$0	0.0%
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	\$9,636,209	\$0	0.0%
94074	Williamson	Guardian Home Care of Nashville, LLC	\$7,506,235	\$0	0.0%
40075	Henry	Henry County Medical Center Home Health	\$832,451	\$21,946	2.6%
02024	Bedford	Heritage Home Health	\$1,108,827	\$19,623	1.8%
71014	Putnam	Highland Rim Home Health Agency	\$5,082,566	\$3,143,679	61.9%
83114	Sumner	Highpoint Homecare (Sumner Homecare)	\$2,396,992	\$175,465	7.3%
80064	Smith	Highpoint Homecare (Sumner Homecare)	\$1,360,954	\$74,952	5.5%
19544	Davidson	Home Care Solutions, Inc (LHC HomeCare of TN)	\$10,299,102	\$0	0.0%
06063	Bradley	Home Health Care of East Tennessee, Inc	\$21,171,043	\$8,574,927	40.5%
19584	Davidson	Home Health Care of Middle Tennessee	\$28,313,819	\$19,475,087	68.8%
71084	Putnam	Intrepid USA Healthcare Services	\$1,302,488	\$858	0.1%



**Table Nine-A: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere's Proposed Counties  
BY AGENCY NAME**

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues
19364	Davidson	Intrepid USA Healthcare Services	\$3,330,559	\$0	0.0%
89064	Warren	Intrepid USA Healthcare Services	\$3,843,242	\$0	0.0%
52044	Lincoln	Lincoln Medical Home Health & Hospice	\$744,270	\$12,312	1.7%
60044	Maury	Maury Regional Home Services	\$3,638,674	\$266,219	7.3%
33253	Hamilton	Memorial Hospital Home Health	\$8,425,494	\$271,515	3.2%
33033	Hamilton	NHC Homecare	\$1,456,891	\$0	0.0%
60024	Maury	NHC Homecare	\$11,197,577	\$0	0.0%
74054	Robertson	NHC Homecare	\$8,054,475	\$0	0.0%
75024	Rutherford	NHC Homecare	\$16,844,138	\$0	0.0%
60084	Maury	Quality First Home Care	\$6,254,954	\$2,779,387	44.4%
25044	Fentress	Quality Home Health	\$30,808,782	\$8,163,845	26.5%
25034	Fentress	Quality Private Duty Care	\$14,826,186	\$7,965,559	53.7%
39035	Henderson	Regional Home Care - Lexington	\$2,938,591	\$21,814	0.7%
41034	Hickman	St. Thomas Home Health (Hickman Co. HH)	\$580,395	\$40,549	7.0%
21024	DeKalb	Suncrest Home Health	\$14,847,210	\$2,687,799	18.1%
19324	Davidson	Suncrest Home Health	\$19,986,741	\$3,420,006	17.1%
16034	Coffee	Suncrest Home Health	\$12,148,603	\$1,634,449	13.5%
63044	Montgomery	Suncrest Home Health of Nashville, Inc.	\$4,210,906	\$344,074	8.2%
03025	Benton	Tennessee Quality Homecare - Northwest	\$4,825,810	\$368,553	7.6%
20045	Decatur	Tennessee Quality Homecare - Southwest	\$4,205,081	\$952,819	22.7%
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	\$5,548,831	\$37,298	0.7%
19394	Davidson	Vanderbilt Community & Home Services	\$4,178,361	\$2,468,421	59.1%
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	\$59,437	\$18,888	31.8%
27085	Gibson	Volunteer Home Care, Inc	\$12,326,672	\$2,505,219	20.3%
20055	Decatur	Volunteer Homecare of West Tennessee	\$10,485,470	\$3,632,117	34.6%
19694	Davidson	Willowbrook Home Health Care Agency	\$5,730,667	\$0	0.0%
<b>AREAWIDE TOTALS</b>			<b>\$510,091,903</b>	<b>\$118,541,765</b>	<b>23.2%</b>



**Table Nine-B: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere's Proposed Counties  
BY RANKING**

Health Statistics ID Number	County of Parent Office	Home Health Agency Name	2014 Total Gross Revenues	2014 TennCare Gross Revenues	2014 TennCare Percent of Total Gross Revenues
19714	Davidson	Angel Private Duty and Home Health, Inc. (Friendship)	\$2,128,857	\$2,097,240	98.5%
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	\$4,995,813	\$3,972,170	79.5%
14024	Clay	Cumberland River Homecare	\$5,826,358	\$4,271,182	73.3%
19584	Davidson	Home Health Care of Middle Tennessee	\$28,313,819	\$19,475,087	68.8%
19494	Davidson	Elk Valley Health Services Inc	\$27,548,490	\$17,659,060	64.1%
71014	Putnam	Highland Rim Home Health Agency	\$5,082,566	\$3,143,679	61.9%
19394	Davidson	Vanderbilt Community & Home Services	\$4,178,361	\$2,468,421	59.1%
25034	Fentress	Quality Private Duty Care	\$14,826,186	\$7,965,559	53.7%
47062	Knox	Camellia Home Health of East Tennessee	\$18,455,024	\$9,251,718	50.1%
60084	Maury	Quality First Home Care	\$6,254,954	\$2,779,387	44.4%
06063	Bradley	Home Health Care of East Tennessee, Inc	\$21,171,043	\$8,574,927	40.5%
92025	Weakley	Careall Homecare Services	\$15,132,242	\$5,595,861	37.0%
20055	Decatur	Volunteer Homecare of West Tennessee	\$10,485,470	\$3,632,117	34.6%
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	\$59,437	\$18,888	31.8%
19724	Davidson	Careall	\$8,791,208	\$2,768,953	31.5%
25044	Fentress	Quality Home Health	\$30,808,782	\$8,163,845	26.5%
20045	Decatur	Tennessee Quality Homecare - Southwest	\$4,205,081	\$952,819	22.7%
27085	Gibson	Volunteer Home Care, Inc	\$12,326,672	\$2,505,219	20.3%
95034	Wilson	Deaconess Homecare (Cedar Creek HH Care)	\$3,995,262	\$797,135	20.0%
21024	DeKalb	Suncrest Home Health	\$14,847,210	\$2,687,799	18.1%
60074	Maury	Careall Homecare Services	\$2,784,544	\$485,997	17.5%
19324	Davidson	Suncrest Home Health	\$19,986,741	\$3,420,006	17.1%
52024	Lincoln	Deaconess Homecare (Elk Valley)	\$2,830,159	\$465,409	16.4%
63034	Montgomery	Gateway Home Health Clarksville	\$1,428,183	\$216,376	15.2%
36025	Hardin	Deaconess Homecare (Gericare, LLC)	\$6,762,137	\$1,021,238	15.1%
16034	Coffee	Suncrest Home Health	\$12,148,603	\$1,634,449	13.5%
19614	Davidson	Friendship Home Health Agency	\$2,116,650	\$239,091	11.3%
89074	Warren	Careall Home Care Services	\$3,215,767	\$343,134	10.7%
76032	Scott	Deaconess Homecare (Elk Valley)	\$1,877,380	\$172,609	9.2%
63044	Montgomery	Suncrest Home Health of Nashville, Inc.	\$4,210,906	\$344,074	8.2%
03025	Benton	Tennessee Quality Homecare - Northwest	\$4,825,810	\$368,553	7.6%
83114	Sumner	Highpoint Homecare (Sumner Homecare)	\$2,396,992	\$175,465	7.3%
60044	Maury	Maury Regional Home Services	\$3,638,674	\$266,219	7.3%
41034	Hickman	St. Thomas Home Health (Hickman Co. HH)	\$580,395	\$40,549	7.0%
80064	Smith	Highpoint Homecare (Sumner Homecare)	\$1,360,954	\$74,952	5.5%
33253	Hamilton	Memorial Hospital Home Health	\$8,425,494	\$271,515	3.2%
40075	Henry	Henry County Medical Center Home Health	\$832,451	\$21,946	2.6%
02024	Bedford	Heritage Home Health	\$1,108,827	\$19,623	1.8%
52044	Lincoln	Lincoln Medical Home Health & Hospice	\$744,270	\$12,312	1.7%
89084	Warren	Friendship Home Health, Inc.	\$3,994,546	\$38,264	1.0%
39035	Henderson	Regional Home Care - Lexington	\$2,938,591	\$21,814	0.7%
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	\$5,548,831	\$37,298	0.7%
47402	Knox	Covenant Homecare	\$14,925,332	\$68,948	0.5%
71084	Putnam	Intrepid USA Healthcare Services	\$1,302,488	\$858	0.1%
26054	Franklin	Amedisys Home Care	\$3,590,072	\$0	0.0%
33103	Hamilton	Amedisys Home Health	\$9,877,048	\$0	0.0%



**Table Nine-B: 2014 TennCare Payor Mix of Home Health Agencies Licensed in Alere's Proposed Counties  
BY RANKING**

<b>Health Statistics ID Number</b>	<b>County of Parent Office</b>	<b>Home Health Agency Name</b>	<b>2014 Total Gross Revenues</b>	<b>2014 TennCare Gross Revenues</b>	<b>2014 TennCare Percent of Total Gross Revenues</b>
67024	Overton	Amedisys Home Health	\$4,345,087	\$0	0.0%
75054	Rutherford	Amedisys Home Health	\$1,763,304	\$0	0.0%
19674	Davidson	Amedisys Home Health (Cumberland Bend)	\$10,016,271	\$0	0.0%
47202	Knox	Amedisys Home Health Care	\$16,836,113	\$0	0.0%
75064	Rutherford	Amedisys Home Health Care	\$5,109,967	\$0	0.0%
19684	Davidson	Amedisys Home Health Services	\$544,183	\$0	0.0%
95084	Wilson	American National Home Health (Friendship)	\$3,529,063	\$0	0.0%
09065	Carroll	Baptist Memorial Home Care & Hospice	\$807,380	\$0	0.0%
19504	Davidson	Brookdale Home Health Nashville (Innovative Senior)	\$3,818,800	\$0	0.0%
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	\$11,021,653	\$0	0.0%
33383	Hamilton	Continucare Healthservices, Inc II	\$25,062	\$0	0.0%
19734	Davidson	Coram CVS Specialty Infusion Services	\$176,267	\$0	0.0%
16024	Coffee	Gentiva Health Services	\$1,297,209	\$0	0.0%
19084	Davidson	Gentiva Health Services	\$3,732,503	\$0	0.0%
33093	Hamilton	Gentiva Health Services	\$1,493,248	\$0	0.0%
95074	Wilson	Gentiva Health Services	\$4,792,018	\$0	0.0%
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	\$9,636,209	\$0	0.0%
94074	Williamson	Guardian Home Care of Nashville, LLC	\$7,506,235	\$0	0.0%
19544	Davidson	Home Care Solutions, Inc (LHC HomeCare of TN)	\$10,299,102	\$0	0.0%
19364	Davidson	Intrepid USA Healthcare Services	\$3,330,559	\$0	0.0%
89064	Warren	Intrepid USA Healthcare Services	\$3,843,242	\$0	0.0%
33033	Hamilton	NHC Homecare	\$1,456,891	\$0	0.0%
60024	Maury	NHC Homecare	\$11,197,577	\$0	0.0%
74054	Robertson	NHC Homecare	\$8,054,475	\$0	0.0%
75024	Rutherford	NHC Homecare	\$16,844,138	\$0	0.0%
19694	Davidson	Willowbrook Home Health Care Agency	\$5,730,667	\$0	0.0%
<b>AREAWIDE TOTALS</b>			<b>\$510,091,903</b>	<b>\$118,541,765</b>	<b>23.2%</b>



**Table Ten-A: 2014 Agency Dependence on Female Patients 18-64  
in Alere's 22 Proposed Counties--BY AGENCY**

<b>TDH ID</b>	<b>AGENCY NAME</b>	<b>Total Agency Patients in TN</b>	<b>Total Agency Patients From Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Patients in Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Female Age 18-64 Patients in Alere's Proposed Counties</b>
26054	Amedisys Home Care	1,002	590	58.9%	5.8%
33103	Amedisys Home Health	2,564	17	0.7%	8.8%
19674	Amedisys Home Health (Cumberland Bend)	2,148	207	9.6%	7.0%
19024	Amedisys Home Health (Glen Echo Rd)	1,508	40	2.7%	16.3%
67024	Amedisys Home Health (Overton)	949	878	92.5%	8.8%
75054	Amedisys Home Health (Rutherford)	535	14	2.6%	14.3%
75064	Amedisys Home Health Care	1,372	388	28.3%	9.1%
47202	Amedisys Home Health Care	4,391	1	0.0%	0.0%
19684	Amedisys Home Health Services	210	0	0.0%	0.0%
95084	American National Home Health (Quality)	305	77	25.2%	12.3%
19714	Angel Private Duty and Home Health, Inc. (Friendship)	79	10	12.7%	25.0%
09065	Baptist Memorial Home Care & Hospice	283	6	2.1%	25.0%
19504	Brookdale Home Health Nashville (Innovative Senior)	587	0	0.0%	0.0%
47062	Camellia Home Health of East Tennessee	1,732	127	7.3%	5.5%
19724	Careall	1,665	937	56.3%	11.3%
89074	Careall Home Care Services	974	290	29.8%	9.3%
60074	Careall HomeCare Services	881	415	47.1%	14.5%
92025	Careall HomeCare Services	2,337	87	3.7%	15.5%
26024	Caresouth HHA Holdings of Winchester, LLC	2,444	522	21.4%	10.9%
33383	Continuicare Healthservices, Inc II	7	0	0.0%	0.0%
19734	Coram CVS Specialty Infusion Services	26	2	7.7%	25.0%
47402	Covenant HomeCare	4,792	0	0.0%	0.0%
14024	Cumberland River HomeCare	393	393	100.0%	12.5%
95034	Deaconess HomeCare (Cedar Creek HH Care)	1,706	597	35.0%	19.6%
52024	Deaconess HomeCare (Elk Valley)	1,294	778	60.1%	16.9%
76032	Deaconess HomeCare (Elk Valley)	603	35	5.8%	14.3%
36025	Deaconess HomeCare (Gericare, LLC)	2,122	183	8.6%	21.9%
19494	Elk Valley Health Services Inc	293	51	17.4%	24.5%
19614	Friendship Home Health Agency	745	4	0.5%	12.5%
89084	Friendship Home Health, Inc.	1,721	610	35.4%	6.6%
63034	Gateway Home Health Clarksville	1,340	80	6.0%	18.1%
16024	Gentiva Health Services	320	76	23.8%	11.8%
95074	Gentiva Health Services	1,203	157	13.1%	11.5%
19084	Gentiva Health Services	831	0	0.0%	0.0%
33093	Gentiva Health Services	348	0	0.0%	0.0%
47182	Gentiva Health Services 2 (Girling Health Care)	1,815	1	0.1%	0.0%
94074	Guardian Home Care of Nashville, LLC	1,668	91	5.5%	12.1%
40075	Henry County Medical Center Home Health	408	2	0.5%	50.0%
02024	Heritage Home Health	421	6	1.4%	50.0%
71014	Highland Rim Home Health Agency	497	493	99.2%	11.3%
80064	Highpoint HomeCare (Sumner HomeCare)	432	299	69.2%	13.9%
83114	Highpoint HomeCare (Sumner HomeCare)	816	47	5.8%	11.7%
19544	Home Care Solutions, Inc (LHC HomeCare of TN)	1,689	280	16.6%	7.0%
06063	Home Health Care of East Tennessee, Inc	2,680	68	2.5%	16.9%
19584	Home Health Care of Middle Tennessee	2,975	31	1.0%	21.0%
71084	Intrepid USA Healthcare Services	281	281	100.0%	9.4%
89064	Intrepid USA Healthcare Services	804	55	6.8%	11.8%
19364	Intrepid USA Healthcare Services	1,389	5	0.4%	30.0%



**Table Ten-A: 2014 Agency Dependence on Female Patients 18-64  
in Alere's 22 Proposed Counties--BY AGENCY**

<b>TDH ID</b>	<b>AGENCY NAME</b>	<b>Total Agency Patients In TN</b>	<b>Total Agency Patients From Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Patients in Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Female Age 18-64 Patients in Alere's Proposed Counties</b>
52044	Lincoln Medical Home Health & Hospice	339	336	99.1%	9.7%
60044	Maury Regional Home Services	1,553	350	22.5%	21.3%
33253	Memorial Hospital Home Health	2,651	0	0.0%	0.0%
60024	NHC Homecare	2,591	1,289	49.7%	11.8%
75024	NHC Homecare	4,180	1,406	33.6%	11.1%
33033	NHC Homecare	411	0	0.0%	0.0%
74054	NHC Homecare	1,842	0	0.0%	0.0%
60084	Quality First Home Care	1,023	667	65.2%	14.8%
25044	Quality Home Health	3,591	1,704	47.5%	15.7%
25034	Quality Private Duty Care	894	705	78.9%	18.6%
39035	Regional Home Care - Lexington	582	0	0.0%	0.0%
41034	St. Thomas Home Health (Hickman Co. HH)	311	47	15.1%	7.4%
21024	Suncrest Home Health	2,485	1,396	56.2%	13.0%
16034	Suncrest Home Health	2,122	258	12.2%	17.8%
19324	Suncrest Home Health	4,624	318	6.9%	16.7%
63044	Suncrest Home Health of Nashville, Inc.	1,276	36	2.8%	31.9%
03025	Tennessee Quality Homecare - Northwest	1,173	287	24.5%	11.5%
20045	Tennessee Quality Homecare - Southwest	988	116	11.7%	9.5%
32122	Univ. of TN Med. Ctr Home Health (Morristown)	751	0	0.0%	0.0%
19394	Vanderbilt Community & Home Services	1,700	0	0.0%	0.0%
94084	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	135	10	7.4%	45.0%
27085	Volunteer Home Care, Inc	2,995	53	1.8%	23.6%
20055	Volunteer Homecare of West Tennessee	1,797	146	8.1%	9.9%
19694	Willowbrook Home Health Care Agency	1,283	9	0.7%	16.7%
		100,882	18,364	18.2%	12.9%



**Table Ten-B: 2014 Agency Dependence on Alere's 22 Proposed Counties  
BY RANKING OF ALL PATIENTS FROM THAT AREA**

<b>TDH ID</b>	<b>AGENCY NAME</b>	<b>Total Agency Patients in TN</b>	<b>Total Agency Patients From Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Patients in Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Female Age 18-64 Patients in Alere's Proposed Counties</b>
71084	Intrepid USA Healthcare Services	281	281	100.0%	9.4%
14024	Cumberland River Homecare	393	393	100.0%	12.5%
71014	Highland Rim Home Health Agency	497	493	99.2%	11.3%
52044	Lincoln Medical Home Health & Hospice	339	336	99.1%	9.7%
67024	Amedisys Home Health (Overton)	949	878	92.5%	8.8%
25034	Quality Private Duty Care	894	705	78.9%	18.6%
80064	Highpoint Homecare (Sumner Homecare)	432	299	69.2%	13.9%
60084	Quality First Home Care	1,023	667	65.2%	14.8%
52024	Deaconess Homecare (Elk Valley)	1,294	778	60.1%	16.9%
26054	Amedisys Home Care	1,002	590	58.9%	5.8%
19724	Careall	1,665	937	56.3%	11.3%
21024	Suncrest Home Health	2,485	1,396	56.2%	13.0%
60024	NHC Homecare	2,591	1,289	49.7%	11.8%
25044	Quality Home Health	3,591	1,704	47.5%	15.7%
60074	Careall Homecare Services	881	415	47.1%	14.5%
89084	Friendship Home Health, Inc.	1,721	610	35.4%	6.6%
95034	Deaconess Homecare (Cedar Creek HH Care)	1,706	597	35.0%	19.6%
75024	NHC Homecare	4,180	1,406	33.6%	11.1%
89074	Careall Home Care Services	974	290	29.8%	9.3%
75064	Amedisys Home Health Care	1,372	388	28.3%	9.1%
95084	American National Home Health (Quality)	305	77	25.2%	12.3%
03025	Tennessee Quality Homecare - Northwest	1,173	287	24.5%	11.5%
16024	Gentiva Health Services	320	76	23.8%	11.8%
60044	Maury Regional Home Services	1,553	350	22.5%	21.3%
26024	Caresouth HHA Holdings of Winchester, LLC	2,444	522	21.4%	10.9%
19494	Elk Valley Health Services Inc	293	51	17.4%	24.5%
19544	Home Care Solutions, Inc (LHC HomeCare of TN)	1,689	280	16.6%	7.0%
41034	St. Thomas Home Health (Hickman Co. HH)	311	47	15.1%	7.4%
95074	Gentiva Health Services	1,203	157	13.1%	11.5%
19714	Angel Private Duty and Home Health, Inc. (Friendship)	79	10	12.7%	25.0%
16034	Suncrest Home Health	2,122	258	12.2%	17.8%
20045	Tennessee Quality Homecare - Southwest	988	116	11.7%	9.5%
19674	Amedisys Home Health (Cumberland Bend)	2,148	207	9.6%	7.0%
36025	Deaconess Homecare (Gericare, LLC)	2,122	183	8.6%	21.9%
20055	Volunteer Homecare of West Tennessee	1,797	146	8.1%	9.9%
19734	Coram CVS Specialty Infusion Services	26	2	7.7%	25.0%
94084	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	135	10	7.4%	45.0%
47062	Camellia Home Health of East Tennessee	1,732	127	7.3%	5.5%
19324	Suncrest Home Health	4,624	318	6.9%	16.7%
89064	Intrepid USA Healthcare Services	804	55	6.8%	11.8%
63034	Gateway Home Health Clarksville	1,340	80	6.0%	18.1%
76032	Deaconess Homecare (Elk Valley)	603	35	5.8%	14.3%
83114	Highpoint Homecare (Sumner Homecare)	816	47	5.8%	11.7%
94074	Guardian Home Care of Nashville, LLC	1,668	91	5.5%	12.1%
92025	Careall Homecare Services	2,337	87	3.7%	15.5%
63044	Suncrest Home Health of Nashville, Inc.	1,276	36	2.8%	31.9%
19024	Amedisys Home Health (Glen Echo Rd)	1,508	40	2.7%	16.3%
75054	Amedisys Home Health (Rutherford)	535	14	2.6%	14.3%



**Table Ten-B: 2014 Agency Dependence on Alere's 22 Proposed Counties  
BY RANKING OF ALL PATIENTS FROM THAT AREA**

TDH ID	AGENCY NAME	Total Agency Patients In TN	Total Agency Patients From Alere's Proposed Counties	Percent of Agency Dependence on Patients in Alere's Proposed Counties	Percent of Agency Dependence on Female Age 18-64 Patients in Alere's Proposed Counties
06063	Home Health Care of East Tennessee, Inc	2,680	68	2.5%	16.9%
09065	Baptist Memorial Home Care & Hospice	283	6	2.1%	25.0%
27085	Volunteer Home Care, Inc	2,995	53	1.8%	23.6%
02024	Heritage Home Health	421	6	1.4%	50.0%
19584	Home Health Care of Middle Tennessee	2,975	31	1.0%	21.0%
19694	Willowbrook Home Health Care Agency	1,283	9	0.7%	16.7%
33103	Amedisys Home Health	2,564	17	0.7%	8.8%
19614	Friendship Home Health Agency	745	4	0.5%	12.5%
40075	Henry County Medical Center Home Health	408	2	0.5%	50.0%
19364	Intrepid USA Healthcare Services	1,389	5	0.4%	30.0%
47182	Gentiva Health Services 2 (Girling Health Care)	1,815	1	0.1%	0.0%
47202	Amedisys Home Health Care	4,391	1	0.0%	0.0%
19684	Amedisys Home Health Services	210	0	0.0%	0.0%
19504	Brookdale Home Health Nashville (Innovative Senior)	587	0	0.0%	0.0%
33383	Continuicare Healthservices, Inc II	7	0	0.0%	0.0%
47402	Covenant Homecare	4,792	0	0.0%	0.0%
19084	Gentiva Health Services	831	0	0.0%	0.0%
33093	Gentiva Health Services	348	0	0.0%	0.0%
33253	Memorial Hospital Home Health	2,651	0	0.0%	0.0%
33033	NHC Homecare	411	0	0.0%	0.0%
74054	NHC Homecare	1,842	0	0.0%	0.0%
39035	Regional Home Care - Lexington	582	0	0.0%	0.0%
32122	Univ. of TN Med. Ctr Home Health (Morristown)	751	0	0.0%	0.0%
19394	Vanderbilt Community & Home Services	1,700	0	0.0%	0.0%
		100,882	18,364	18.2%	12.9%



**Table Ten-C: 2014 Agency Dependence on Alere's Proposed Counties  
BY RANKING OF ITS FEMALE AGE 18-64 PATIENTS FROM THAT AREA**

<b>TDH ID</b>	<b>AGENCY NAME</b>	<b>Total Agency Patients in TN</b>	<b>Total Agency Patients From Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Patients in Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Female Age 18-64 Patients in Alere's Proposed Counties</b>
40075	Henry County Medical Center Home Health	408	2	0.5%	50.0%
02024	Heritage Home Health	421	6	1.4%	50.0%
94084	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	135	10	7.4%	45.0%
63044	Suncrest Home Health of Nashville, Inc.	1,276	36	2.8%	31.9%
19364	Intrepid USA Healthcare Services	1,389	5	0.4%	30.0%
19714	Angel Private Duty and Home Health, Inc. (Friendship)	79	10	12.7%	25.0%
09065	Baptist Memorial Home Care & Hospice	283	6	2.1%	25.0%
19734	Coram CVS Specialty Infusion Services	26	2	7.7%	25.0%
19494	Elk Valley Health Services Inc	293	51	17.4%	24.5%
27085	Volunteer Home Care, Inc	2,995	53	1.8%	23.6%
36025	Deaconess Homecare (Gericare, LLC)	2,122	183	8.6%	21.9%
60044	Maury Regional Home Services	1,553	350	22.5%	21.3%
19584	Home Health Care of Middle Tennessee	2,975	31	1.0%	21.0%
95034	Deaconess Homecare (Cedar Creek HH Care)	1,706	597	35.0%	19.6%
25034	Quality Private Duty Care	894	705	78.9%	18.6%
63034	Gateway Home Health Clarksville	1,340	80	6.0%	18.1%
16034	Suncrest Home Health	2,122	258	12.2%	17.8%
06063	Home Health Care of East Tennessee, Inc	2,680	68	2.5%	16.9%
52024	Deaconess Homecare (Elk Valley)	1,294	778	60.1%	16.9%
19324	Suncrest Home Health	4,624	318	6.9%	16.7%
19694	Willowbrook Home Health Care Agency	1,283	9	0.7%	16.7%
19024	Amedisys Home Health (Glen Echo Rd)	1,508	40	2.7%	16.3%
25044	Quality Home Health	3,591	1,704	47.5%	15.7%
92025	Careall Homecare Services	2,337	87	3.7%	15.5%
60084	Quality First Home Care	1,023	667	65.2%	14.8%
60074	Careall Homecare Services	881	415	47.1%	14.5%
75054	Amedisys Home Health (Rutherford)	535	14	2.6%	14.3%
76032	Deaconess Homecare (Elk Valley)	603	35	5.8%	14.3%
80064	Highpoint Homecare (Sumner Homecare)	432	299	69.2%	13.9%
21024	Suncrest Home Health	2,485	1,396	56.2%	13.0%
19614	Friendship Home Health Agency	745	4	0.5%	12.5%
14024	Cumberland River Homecare	393	393	100.0%	12.5%
95084	American National Home Health (Quality)	305	77	25.2%	12.3%
94074	Guardian Home Care of Nashville, LLC	1,668	91	5.5%	12.1%
16024	Gentiva Health Services	320	76	23.8%	11.8%
60024	NHC Homecare	2,591	1,289	49.7%	11.8%
89064	Intrepid USA Healthcare Services	804	55	6.8%	11.8%
83114	Highpoint Homecare (Sumner Homecare)	816	47	5.8%	11.7%
03025	Tennessee Quality Homecare - Northwest	1,173	287	24.5%	11.5%
95074	Gentiva Health Services	1,203	157	13.1%	11.5%
19724	Careall	1,665	937	56.3%	11.3%
71014	Highland Rim Home Health Agency	497	493	99.2%	11.3%
75024	NHC Homecare	4,180	1,406	33.6%	11.1%
26024	Caresouth HHA Holdings of Winchester, LLC	2,444	522	21.4%	10.9%
20055	Volunteer Homecare of West Tennessee	1,797	146	8.1%	9.9%
52044	Lincoln Medical Home Health & Hospice	339	336	99.1%	9.7%
20045	Tennessee Quality Homecare - Southwest	988	116	11.7%	9.5%
71084	Intrepid USA Healthcare Services	281	281	100.0%	9.4%



**Table Ten-C: 2014 Agency Dependence on Alere's Proposed Counties  
BY RANKING OF ITS FEMALE AGE 18-64 PATIENTS FROM THAT AREA**

<b>TDH ID</b>	<b>AGENCY NAME</b>	<b>Total Agency Patients in TN</b>	<b>Total Agency Patients From Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Patients In Alere's Proposed Counties</b>	<b>Percent of Agency Dependence on Female Age 18-64 Patients in Alere's Proposed Counties</b>
89074	Careall Home Care Services	974	290	29.8%	9.3%
75064	Amedisys Home Health Care	1,372	388	28.3%	9.1%
33103	Amedisys Home Health	2,564	17	0.7%	8.8%
67024	Amedisys Home Health (Overton)	949	878	92.5%	8.8%
41034	St. Thomas Home Health (Hickman Co. HH)	311	47	15.1%	7.4%
19674	Amedisys Home Health (Cumberland Bend)	2,148	207	9.6%	7.0%
19544	Home Care Solutions, Inc (LHC HomeCare of TN)	1,689	280	16.6%	7.0%
89084	Friendship Home Health, Inc.	1,721	610	35.4%	6.6%
26054	Amedisys Home Care	1,002	590	58.9%	5.8%
47062	Camellia Home Health of East Tennessee	1,732	127	7.3%	5.5%
47202	Amedisys Home Health Care	4,391	1	0.0%	0.0%
19684	Amedisys Home Health Services	210	0	0.0%	0.0%
19504	Brookdale Home Health Nashville (Innovative Senior)	587	0	0.0%	0.0%
33383	Continuare Healthservices, Inc II	7	0	0.0%	0.0%
47402	Covenant Homecare	4,792	0	0.0%	0.0%
19084	Gentiva Health Services	831	0	0.0%	0.0%
33093	Gentiva Health Services	348	0	0.0%	0.0%
47182	Gentiva Health Services 2 (Girling Health Care)	1,815	1	0.1%	0.0%
33253	Memorial Hospital Home Health	2,651	0	0.0%	0.0%
33033	NHC Homecare	411	0	0.0%	0.0%
74054	NHC Homecare	1,842	0	0.0%	0.0%
39035	Regional Home Care - Lexington	582	0	0.0%	0.0%
32122	Univ. of TN Med. Ctr Home Health (Morristown)	751	0	0.0%	0.0%
19394	Vanderbilt Community & Home Services	1,700	0	0.0%	0.0%
		100,882	18,364	18.2%	12.9%



**C(1).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.**

#### Applicant's Historical Utilization

Following this page is Table Eleven-A, providing the past three years of utilization for Alere Women's and Children's Health in all three Tennessee home care agency locations. The second following page is Table Eleven-B, providing comprehensive statistics on the 2014 utilization of Alere Women's and Children's Health of Davidson County as reported in its 2014 Joint Annual Report.

#### Applicant's Projected Utilization

The applicant projected its utilization from the proposed service area using a two-step process, as stated below. The steps are reflected in Tables Twelve-A and -B, which follow the historical Alere utilization charts that begin after this page.

1. Alere/Davidson's 2014 overall use rate in its current 14-county service area was calculated. Alere's patients by county in 2014 were totaled (183) and divided by the 2014 female population of childbearing age for these 14 counties (421,818) to derive the target population's average service area use rate of Alere / Davidson, which was 0.043%. See Table Ten-A below.

2. The Agency's 2014 average use rate was then applied to the projected Years One and Two population of females of childbearing age in the proposed service area. That resulted in a projection of 41.4 and 41.9 additional Alere patients in 2016 and 2017. See Table Ten-B below.



Table Eleven-A: Alere Women's and Children's Health (All Tennessee Agencies)											
2012-2014 Total Patients, 2014 TennCare Patients, 2014 Patients of Childbearing Age (18-64)											
Health Statistics ID Number	Home Health Agency Name	Agency License Number	County of Parent Office	Date Agency Licensed	2012 JAR Total Patients Served	2013 JAR Total Patients Served	2014 JAR Total Patients Served	2014 JAR TennCare Patients Served	2014 TennCare Percent of Total Patients Served	2014 Patients Served Ages 18-64	2014 Percent of Total Patients Served Who were Age 18-64
19654	Alere Women's and Children's Health	471	Davidson	3/1/99	196	202	186	134	72.0%	184	98.9%
33423	Alere Women's and Children's Health	457	Hamilton	11/13/98	52	74	50	36	72.0%	50	100.0%
79466	Alere Women's and Children's Health	459	Shelby	12/21/98	401	417	376	175	46.5%	375	99.7%
			Statewide Totals		649	693	612	345	56.4%	609	99.5%

Source: TDH; 2014 Joint Annual Reports of Home Health Agencies



**Table Eleven-B: 2014 Alere / Davidson County Utilization**

Health Statistics ID	Agency County	Agency Name	Total Patients	TNCare Patients	TnCare % of Patients
19654	Davidson	Alere Women's and Children's Health	186	134	72.0%
			Total Gross Revenue	TNCare Gross Revenue	TnCare % of Gross Revenue
			\$637,027	\$305,662	48.0%
			Total Visits	TNCare Visits	TnCare % of Visits
			1,623	1,210	74.6%
			Total Hours	TNCare Hours	TnCare % of Hours
			2,433	1,815	74.6%
			Total Patients	Patients Age 18-64	% of Patients Age 18-64
			186	134	72.0%

Source: HHA Joint Ann. Reports, 2014.



<b>Table Twelve-A: Alere Davidson's Use Rates in 2014</b>			
<b>County</b>	<b>Alere Agency's Total Patients in 2014</b>	<b>2014 Female Population 15-44</b>	<b>Alere Use Rate by Population of Childbearing Age</b>
<b>DAVIDSON CO. AGENCY</b>			
Bedford	5	9,180	0.054%
Cheatham	3	7,426	0.040%
Davidson	64	148,724	0.043%
Dickson	6	9,612	0.062%
Hickman	9	4,186	0.215%
Houston	1	1,438	0.070%
Marshall	7	5,898	0.119%
Maury	7	15,594	0.045%
Montgomery	15	42,458	0.035%
Robertson	12	13,636	0.088%
Rutherford	27	67,986	0.040%
Sumner	18	32,982	0.055%
Williamson	4	39,543	0.010%
Wilson	5	23,155	0.022%
<b>AGENCY TOTAL</b>	<b>183</b>	<b>421,818</b>	<b>0.043%</b>

Source: Joint Annual Reports; TDH Population Projections 2013 Series.

Notes:

1. Patients exclude 3 from outside licensed service area (KY).
2. Patients include 3 patients age 0-17.



**Table Twelve-B: Alere Patients By Proposed New Counties--CY2016 & CY2017**

<b>Proposed Counties To Be Added to Alere's Service Areas</b>	<b>2016 Female Population 15-44</b>	<b>2017 Female Population 15-44</b>	<b>Agency's 2014 Average Use Rate in Its Current Counties</b>	<b>2016 Projected New Alere Patients</b>	<b>2017 Projected New Alere Patients</b>
<b>DAVIDSON CO. AGENCY</b>					
Cannon	2,593	2,632	<b>0.043%</b>	1.11	1.13
Clay	1,241	1,236	<b>0.043%</b>	0.53	0.53
Cumberland	9,607	9,920	<b>0.043%</b>	4.13	4.27
DeKalb	3,301	3,305	<b>0.043%</b>	1.42	1.42
Fentress	3,310	3,332	<b>0.043%</b>	1.42	1.43
Franklin	8,236	8,362	<b>0.043%</b>	3.54	3.60
Giles	5,144	5,129	<b>0.043%</b>	2.21	2.21
Humphreys	3,210	3,202	<b>0.043%</b>	1.38	1.38
Jackson	1,905	1,896	<b>0.043%</b>	0.82	0.82
Lawrence	7,519	7,490	<b>0.043%</b>	3.23	3.22
Lewis	2,121	2,113	<b>0.043%</b>	0.91	0.91
Lincoln	7,435	7,612	<b>0.043%</b>	3.20	3.27
Macon	4,502	4,547	<b>0.043%</b>	1.94	1.96
Moore	1,174	1,190	<b>0.043%</b>	0.50	0.51
Overton	4,111	4,112	<b>0.043%</b>	1.77	1.77
Pickett	727	728	<b>0.043%</b>	0.31	0.31
Putnam	16,530	16,799	<b>0.043%</b>	7.11	7.22
Smith	3,760	3,804	<b>0.043%</b>	1.62	1.64
Stewart	2,351	2,348	<b>0.043%</b>	1.01	1.01
Trousdale	1,625	1,632	<b>0.043%</b>	0.70	0.70
Van Buren	885	889	<b>0.043%</b>	0.38	0.38
White	4,959	5,046	<b>0.043%</b>	2.13	2.17
<b>NEW COUNTIES TOTAL</b>	<b>96,246</b>	<b>97,324</b>	<b>0.043%</b>	<b>41.39</b>	<b>41.85</b>



**C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.**

- **ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST \$3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.**

- **THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.**

- **THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.**

- **FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.**

Please see the following page for the Project Cost Chart. There is no construction required.



## PROJECT COSTS CHART--ALERE DAVIDSON COUNTY--EXPANSION

### A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	\$	0
2. Legal, Administrative, Consultant Fees (Excl CON Filing Fee)		65,000
3. Acquisition of Site		0
4. Preparation of Site		0
5. Construction Cost		0
6. Contingency Fund		0
7. Fixed Equipment (Not included in Construction Contract)		0
8. Moveable Equipment (List all equipment over \$50,000)		16,000
9. Other (Specify) _____		0

### B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)		0
2. Building only		0
3. Land only		0
4. Equipment (Specify) _____		0
5. Other (Specify) _____		0

### C. Financing Costs and Fees:

1. Interim Financing		0
2. Underwriting Costs		0
3. Reserve for One Year's Debt Service		0
4. Other (Specify) _____		0

### D. Estimated Project Cost (A+B+C)

81,000

### E. CON Filing Fee

3,000

### F. Total Estimated Project Cost (D+E)

TOTAL \$ 84,000

Actual Capital Cost  
Section B FMV

84,000  
0



**C(II).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.**

**a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).**

       **A. Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;**

       **B. Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;**

       **C. General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;**

       **D. Grants--Notification of Intent form for grant application or notice of grant award;**

  x   **E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or**

       **F. Other--Identify and document funding from all sources.**

The project will be funded/financed in cash by United Health Group (UHG), the ultimate parent company of Alere Women's and Children's Health, LLC. Documentation of financing is provided in Attachment C, Economic Feasibility--2. UHG's income statement and balance sheet are also included.

**C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.**

Not applicable; the project does not include construction.



**C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDS IN THE FACILITY).**

See the following three pages for these charts, with notes for all three charts immediately following the charts.

Alere/Davidson serves some patients outside of Tennessee, (e.g. in Kentucky)--the reason for the notation in the Patients line of the Historic Data Chart.



**HISTORICAL DATA CHART -- ALERE DAVIDSON COUNTY**  
**(ALL DATA ON CALENDAR YEAR BASIS EXCEPT LINE A FYE PATIENTS FROM JAR)**

Give information for the last three (3) years for which complete data are available for the facility or agency.

The fiscal year begins in January.

		CY 2012	CY 2013	CY 2014
	CY Patients, TN & Other	238	191	200
A.	Utilization Data			
	FYE Patients, TN only (JAR)	196	202	186
B.	Revenue from Services to Patients			
1.	Inpatient Services	\$		
2.	Outpatient Services			
3.	Emergency Services			
4.	Other Operating Revenue	2,569,257	1,856,108	1,786,408
	(Specify) <u>See notes page</u>			
	<b>Gross Operating Revenue</b>	\$ 2,569,257	\$ 1,856,108	\$ 1,786,408
C.	Deductions for Operating Revenue			
1.	Contractual Adjustments	\$ 1,595,464	1,206,597	1,095,355
2.	Provision for Charity Care	25,693	18,561	17,864
3.	Provisions for Bad Debt	41,757	32,295	22,985
	<b>Total Deductions</b>	\$ 1,662,914	\$ 1,257,453	\$ 1,136,204
	<b>NET OPERATING REVENUE</b>	\$ 906,343	\$ 598,655	\$ 650,204
D.	Operating Expenses			
1.	Salaries and Wages	\$ 271,176	266,704	256,086
2.	Physicians Salaries and Wages			
3.	Supplies	111,065	98,080	79,870
4.	Taxes	4,442	3,950	2,890
5.	Depreciation	7,201	5,371	4,371
6.	Rent	21,600	21,600	21,600
7.	Interest, other than Capital			
8.	Management Fees			
	a. Fees to Affiliates			
	b. Fees to Non-Affiliates			
9.	Other Expenses (Specify) <u>See notes page</u>	72,891	69,052	66,009
	<b>Total Operating Expenses</b>	\$ 488,375	464,757	430,826
E.	Other Revenue (Expenses) -- Net (Specify)	\$	\$	\$
	<b>NET OPERATING INCOME (LOSS)</b>	\$ 417,968	\$ 133,898	\$ 219,378
F.	Capital Expenditures			
1.	Retirement of Principal	\$	\$	\$
2.	Interest			
	<b>Total Capital Expenditures</b>	\$ 0	\$ 0	\$ 0
	<b>NET OPERATING INCOME (LOSS)</b>			
	<b>LESS CAPITAL EXPENDITURES</b>	\$ 417,968	\$ 133,898	\$ 219,378



**PROJECTED DATA CHART--ALERE (DAVIDSON) PROPOSED NEW COUNTIES ONLY  
(ALL DATA ON CALENDAR YEAR BASIS)**

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

		<b>CY 2016</b>	<b>CY 2017</b>
	Patients	<b>41</b>	<b>42</b>
A.	Utilization Data		
B.	Revenue from Services to Patients		
1.	Inpatient Services	\$ _____	\$ _____
2.	Outpatient Services	_____	_____
3.	Emergency Services	_____	_____
4.	Other Operating Revenue (Specify) <u>See notes page</u>	277,947	284,726
	<b>Gross Operating Revenue</b>	\$ 277,947	\$ 284,726
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	\$ 175,055	\$ 179,325
2.	Provision for Charity Care	2,779	2,847
3.	Provisions for Bad Debt	4,004	4,102
	<b>Total Deductions</b>	\$ 181,838	\$ 186,274
	<b>NET OPERATING REVENUE</b>	\$ 96,109	\$ 98,452
D.	Operating Expenses		
1.	Salaries and Wages	\$ 45,373	50,672
2.	Physicians Salaries and Wages	0	0
3.	Supplies	7,411	5,053
4.	Taxes	0	0
5.	Depreciation	0	0
6.	Rent	0	0
7.	Interest, other than Capital	0	0
8.	Management Fees	0	0
	a. Fees to Affiliates	0	0
	b. Fees to Non-Affiliates	0	0
9.	Other Expenses (Specify) <u>See notes page</u>	4,807	4,482
	Dues, Utilities, Insurance, and Prop Taxes.		
	<b>Total Operating Expenses</b>	\$ 57,591	\$ 60,207
E.	Other Revenue (Expenses) -- Net (Specify)	\$ _____	\$ _____
	<b>NET OPERATING INCOME (LOSS)</b>	\$ 38,518	\$ 38,245
F.	Capital Expenditures		
1.	Retirement of Principal	\$ _____	\$ _____
2.	Interest	_____	_____
	<b>Total Capital Expenditures</b>	\$ 0	\$ 0
	<b>NET OPERATING INCOME (LOSS)</b>		
	<b>LESS CAPITAL EXPENDITURES</b>	\$ 38,518	\$ 38,245



**PROJECTED DATA CHART-- ALERE (DAVIDSON) WITH CURRENT AND PROPOSED COUNTIES**  
**(ALL DATA ON CALENDAR YEAR BASIS)**

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

		<b>CY 2016</b>	<b>CY 2017</b>
	<b>Patients</b>	<u>331</u>	<u>373</u>
A.	Utilization Data		
B.	Revenue from Services to Patients		
1.	Inpatient Services	\$	\$
2.	Outpatient Services		
3.	Emergency Services		
4.	Other Operating Revenue (Specify) <u>See notes page</u>	2,246,623	2,531,348
	<b>Gross Operating Revenue</b>	\$ <u>2,246,623</u>	\$ <u>2,531,348</u>
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	\$ 1,414,960	\$ 1,594,285
2.	Provision for Charity Care	22,466	25,313
3.	Provisions for Bad Debt	32,368	36,470
	<b>Total Deductions</b>	\$ <u>1,469,794</u>	\$ <u>1,656,068</u>
	<b>NET OPERATING REVENUE</b>	\$ <u>776,829</u>	\$ <u>875,280</u>
D.	Operating Expenses		
1.	Salaries and Wages	\$ 366,826	\$ 450,498
2.	Physicians Salaries and Wages	0	0
3.	Supplies	59,903	44,927
4.	Taxes	2,890	2,890
5.	Depreciation	3,000	2,500
6.	Rent	21,600	21,600
7.	Interest, other than Capital	0	0
8.	Management Fees		
a.	Fees to Affiliates	0 0	0
b.	Fees to Non-Affiliates	0	0
9.	Other Expenses (Specify) <u>See notes page</u>	50,833	\$ 51,833
	Dues, Utilities, Insurance, and Prop Taxes.		
	<b>Total Operating Expenses</b>	\$ <u>505,052</u>	\$ <u>574,248</u>
E.	Other Revenue (Expenses) -- Net (Specify)	\$	\$
	<b>NET OPERATING INCOME (LOSS)</b>	\$ <u>271,777</u>	\$ <u>301,032</u>
F.	Capital Expenditures		
1.	Retirement of Principal	\$ 0	\$ 0
2.	Interest	0	0
	<b>Total Capital Expenditures</b>	\$ <u>0</u>	\$ <u>0</u>
	<b>NET OPERATING INCOME (LOSS)</b>		
	<b>LESS CAPITAL EXPENDITURES</b>	\$ <u>271,777</u>	\$ <u>301,032</u>



#### Other Expense Detail

	Historical			Projected (Project)		Projected (Expanded Agency)	
	2012	2013	2014	2016	2017	2016	2017
Courier_Postage Exp	20,861	15,854	10,067	972	883	7,853	7,853
Other	3,071	3,310	3,829	247	225	2,000	2,000
Facilities - R&M	1,723	1,192	780			- 780	780
Facilities - Utilities	1,244	1,169	1,659			- 1,200	1,200
Telephone	16,221	21,019	21,304			- 10,000	10,000
Travel	28,448	25,224	26,603	3,464	3,262	28,000	29,000
Misc Sales Expenses	1,323	1,284	1,767	124	112	1,000	1,000
<b>Total Other Exp</b>	<b>72,891</b>	<b>69,052</b>	<b>66,009</b>	<b>4,807</b>	<b>4,482</b>	<b>50,833</b>	<b>51,833</b>



**C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.**

<b>Table Thirteen-A : Average Charges, Deductions, and Net Charges Alere/Davidson Agency--Proposed 22 New Counties Only</b>		
	<b>CY2016</b>	<b>CY2017</b>
Patients	42	43
Average Gross Charge Per Patient	\$6,779	\$6,779
Average Deduction Per Patient	\$4,435	\$4,435
Average Net Charge (Net Operating Income) Per Patient	\$2,344	\$2,344
Average Net Operating Income Per Patient After Capital Expenditures	\$939	\$911

<b>Table Thirteen-B : Average Charges, Deductions, and Net Charges Alere / Davidson Agency--Current Plus Proposed Counties</b>		
	<b>CY2016</b>	<b>CY2017</b>
Patients	331	373
Average Gross Charge Per Patient	\$6,787	\$6,786
Average Deduction Per Patient	\$4,440	\$4,440
Average Net Charge (Net Operating Income) Per Patient	\$2,347	\$2,347
Average Net Operating Income Per Patient After Capital Expenditures	\$821	\$807

**C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.**

<b>Table Fourteen: Alere/Davidson's Charges Per Patient</b>		
	<b>CY2014</b>	<b>Year 2--CY2016</b>
Agency Total Unduplicated Patients	200	373
Gross Charges, All Services	\$1,706,408	\$2,531,348
Gross Charges Per Patient	\$8,532	\$6,786

*Source: Alere management; Historic and Projected Cost Charts.*



**C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).**

<b>Table Fifteen-A: Cost &amp; Charge Data of Agencies Currently in the Service Area Skilled Nursing</b>				
<b>Agency*</b>	<b>Cost/Visit</b>	<b>Charge/Visit</b>	<b>Cost/Hour</b>	<b>Charge/Hour</b>
1	\$108	\$108	No JAR Data Is Reported For This	NR
2	\$136	\$136		\$40
3	\$106	\$106		\$44
4	\$NR	\$175		\$55
5	\$97	NR		NR
Alere/Dav'son	NR	NR		NR

*Source: 2014 Joint Annual Reports; and Alere management.*

**\*Key to Agencies:**

1. Elk Valley Home Health Care Agency, LLC (76032)
2. Home health Care of Middle Tennessee, LLC (19584)
3. Quality Home Health (25044)
4. Vanderbilt Community and Home Services (19394)
5. NHC Homecare (75024)

<b>Table Fifteen-B: Alere/Davidson's Average Charges Per Patient (All Counties)</b>		
	<b>Year One--2015</b>	<b>Year Two--2016</b>
<b>Patients</b>	42	43
<b>Total Gross Revenue Per Patient</b>	\$6,787	\$6,786

*Source: Maxim management.*

The applicant focuses on patients whose youth makes them ineligible for Medicare, so the Medicare fee schedule is not applicable.



**C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.**

Because this is a home health service with pre-negotiated reimbursement rates from insurers, and known contractual costs for field personnel and supplies, the expansion proposed in Middle Tennessee will be cost-effective and will operate with a positive margin from the outset.

**C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.**

This is an existing agency with existing positive cash flow. There will be no delay or interruption in positive cash flow caused by the addition of more patients.

**C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.**

Table Sixteen on the following page provides comprehensive payor mix projections for the Alere Davidson County agency.



Table Sixteen: Alere Davidson County Agency--Current and Projected Payor Mix on Gross Revenues (Billings)											
2014	Medicare (All Types)	%	TennCare / Medicaid	%	Commercial	%	Self Pay	%	Other/Charity	%	Total (100%)
Patients		0.0%	143	71.4%	55	27.6%		0%	2.0	1.0%	200
Gross Revenue		0.0%	\$1,275,495.31	71.4%	\$493,048.61	27.6%		0%	\$17,864.08	1.0%	\$1,786,408.00
Net Revenue		0.0%	\$395,835.13	58.8%	\$270,621.98	40.2%		0%	\$6,731.89	1.0%	\$673,189.00
Gross Revenue/Patient			\$8,919.55		\$8,964.52				\$8,932.04		\$8,932.04
Net Revenue/Patient			\$2,768.08		\$4,920.40				\$3,365.95		\$3,365.95
Year One-2016	Medicare (All Types)	%	TennCare / Medicaid	%	Commercial	%	Self Pay	%	Other/Charity	%	Total (100%)
Patients		0.0%	236	71.4%	91	27.6%		0%	4.0	1.0%	331
Gross Revenue		0.0%	\$1,604,088.82	71.4%	\$620,067.95	27.6%		0%	\$22,466.23	1.0%	\$2,246,623.00
Net Revenue		0.0%	\$518,694.64	64.1%	\$282,409.40	34.9%		0%	\$8,091.96	1.0%	\$809,196.00
Gross Revenue/Patient			\$6,796.99		\$6,813.93				\$5,616.56		\$6,787.38
Net Revenue/Patient			\$2,197.86		\$3,103.40				\$2,022.99		\$2,444.70
Year Two-2017	Medicare (All Types)	%	TennCare / Medicaid	%	Commercial	%	Self Pay	%	Other/Charity	%	Total (100%)
Patients		0.0%	266	71.4%	103	27.6%		0%	4.0	1.0%	373
Gross Revenue		0.0%	\$1,807,382.47	71.4%	\$698,652.05	27.6%		0%	\$25,313.48	1.0%	\$2,531,348.00
Net Revenue		0.0%	\$584,431.75	64.1%	\$318,200.75	34.9%		0%	\$9,117.50	1.0%	\$911,750.00
Gross Revenue/Patient			\$6,794.67		\$6,783.03				\$6,328.37		\$6,786.46
Net Revenue/Patient			\$2,197.11		\$3,089.33				\$2,279.38		\$2,444.37

Source: Alere management.

Note: This data is on a calendar year basis. It is not consistent with Alere's 2014 Joint Annual Report for two reasons:

1. The JAR is for the period ending June 30, 2014; this table is for the period ending December 31, 2014.
2. Alere has reported net revenue in its JAR rather than gross revenue because Alere bills only on a net revenue basis, at pre-negotiated "bundled" per diem rates. The table above shows gross revenues applicable before negotiating discounts for billing purposes.



**C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.**

These are provided as Attachment C, Economic Feasibility--10.

**C(II).11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:**

**A. A DISCUSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.**

**B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.**

After the CON process costs are incurred, the only cost to the applicant of implementing the project is a minor expenditure for minor equipment. The entire project cost will not exceed \$84,000, and may cost much less if significant opposition is not encountered during CON review.

The applicant decided to pursue this project due to continuous requests from referring physicians to extend their services into a wider geography. The choice of counties was dictated by a long-range plan to expand Alere into a provider with a wider geographic footprint, for greater ease of contracting with, and serving, the TennCare population that comprises more than 71% of its patients.



**C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.**

Alere does not require transfer agreements because Alere is a service organization rather than a facility. If Alere patients develop a need for hospitalization, their physicians and patients request admission and (if needed) patient transport via ambulance. Alere's most continuous contact is with the three TennCare MCO's who routinely request Alere to provide obstetrical home care to their high-risk enrollees. Alere has negotiated reimbursement contracts with all area MCO's.

**C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.**

Because the Alere patient base in this area will be so small (43 patients in Year Two) there should be no significant adverse impacts on existing providers--many of whom have few, or no, pregnant women patients.

The project will have positive impacts on patient health in these rural counties. Tennessee is still above the national average for premature births. This rural area and those who pay for its maternal and infant health care needs (particularly TennCare) need to reduce this set of health problems. That will require expansion of clinically sophisticated home care support through proven and financially accessible providers such as Alere. That expansion will create greater awareness and confidence in home care, among referring obstetricians and their patients. The strongest impact of the project will be a positive one that is difficult to quantify--the reduction of costly Emergency Room visits, maternal acute care admissions, NICU admissions of preterm babies, and excessive visits to overcrowded obstetricians' practice offices. These burdensome and expensive events can be significantly reduced by Alere's home care; and it is those patients--rather than other agencies' patient--that Alere's application is targeting.



**C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.**

The Department of Labor and Workforce Development website indicates the following Middle Tennessee region's annual salary information for clinical employees of this project:

<b>Table Seventeen: TDOL Surveyed Average Salaries for the Region</b>				
<b>Position</b>	<b>Entry Level</b>	<b>Mean</b>	<b>Median</b>	<b>Experienced</b>
RN annual	\$42,404	\$55,866	\$55,637	\$62,597
RN Hourly	\$20.40	\$26.85	\$26.75	\$30.10

Please see the following page for Table Eighteen, which shows the project's FTE's and salary ranges.



Table Eighteen: Alere / Davidson County Agency Current and Projected Staffing					
Position Type (RN, etc.)	Current 2015	Yr 1 2016	Yr 2 2017	Annual Salary Range 2015	
	FTE's	FTE's	FTE's	Minimum	Maximum
Office Positions, Management and Clinical					
Administrative Assistant (Nashville)	1.0	1.00	1.00	\$27,892.00	\$48,900.00
Home Care Director (Nashville)	1.0	1.00	1.00	\$57,800.00	\$103,700.00
Administrative Assistant (Call Center Support)	1	1.22	1.50	\$27,892.00	\$48,900.00
Perinatal Clinicians (Call Center Support)	1	1.14	1.30	\$40,810.00	\$72,300.00
Account Executive	0.33	0.33	0.33	\$45,500.00	\$80,100.00
Subtotal, Office FTE's	4.33	4.69	5.13		
Clinical Positions in Field (Direct Patient Care)					
Patient Educators Current = 10 RNs	3	5.00	7.00	\$48,505.00	\$86,403.00
2015 = 17 RNs 2016 = 24 RNs					
Subtotal, Field FTE's	3	5.00	7.00		
Total, Office and Field FTE's	7.33	9.69	12.13		

Source: Alere Management



**C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.**

Currently Alere/Davidson's pool consists of 10 OB RN's. Some of these live in close proximity to one or more of the proposed counties, so Alere can begin service to those counties immediately after CON approval.

The addition of all 22 new counties with their estimated 42-43 additional patients, combined with the anticipated growth of cases within Alere/Davidson's current service area, will cause Alere's OB RN employees to increase from 10 RNs to 24 RNs by CY2017. Days of service requested of these 14 additional RN's (and their central office and call center support staff) will cumulatively total approximately 4.8 FTE equivalents, as indicated by the staffing data in Table Eighteen. Of that, 4.0 FTE equivalents are cumulative per diems from the pool of qualified OB RN's who are employed by Alere to perform home care services under Alere protocols and the direction of supervising physicians.

**C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF. THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW POLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.**

The applicant so verifies.

**C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTION'S PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).**



This agency does not participate in the training of health care professionals.

**C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.**

The applicant so verifies.

**C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION**

**LICENSURE:** Board for Licensure of Healthcare Facilities  
Tennessee Department of Health

**CERTIFICATION:** TennCare Certification from TDH

**ACCREDITATION:** Joint Commission (System-wide)

**C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.**

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, certified for participation in Medicaid/TennCare, and fully “system-wide” accredited by the Joint Commission (JC). System-wide accreditation is the JC’s process for efficient accreditation of a large system of agencies by surveys of a random sampling of their sites. This suffices to provide a “system-wide” accreditation of all the providers’ sites. Alere has earned the Joint Commission’s Gold Seal for system-wide excellence.

None of Alere’s Tennessee agencies has been selected as a JC system-wide survey site. Please see the relevant documents in the Attachments for the survey results of JC’s selected sites. The JC accreditation letter is addressed to the Alere office responsible for all Alere accreditation activities.



**C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.**

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

**C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.**

None.

**C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.**

None.

**C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.**

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.



## **PROOF OF PUBLICATION**

Attached.

## **DEVELOPMENT SCHEDULE**

**1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.**

The Project Completion Forecast Chart is provided after this page.

**2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.**

Not applicable. The applicant anticipates completing the project within the period of validity.



## PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision Date, as published in Rule 68-11-1609(c):

September 23, 2015

Assuming the CON decision becomes the final Agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

PHASE	DAYS REQUIRED	Anticipated Date (MONTH /YEAR)
1. Architectural & engineering contract signed		
2. Construction documents approved by TDH		
3. Construction contract signed		
4. Building permit secured		
5. Site preparation completed		
6. Building construction commenced		
7. Construction 40% complete		
8. Construction 80% complete		
9. Construction 100% complete		
10. * Issuance of license	NA	NA
11. *Initiation of service	7	10-1-15
12. Final architectural certification of payment	NA	NA
13. Final Project Report Form (HF0055)	9	12-15

**\* For projects that do NOT involve construction or renovation: please complete items 10-11 only.**

**Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.**



## INDEX OF ATTACHMENTS

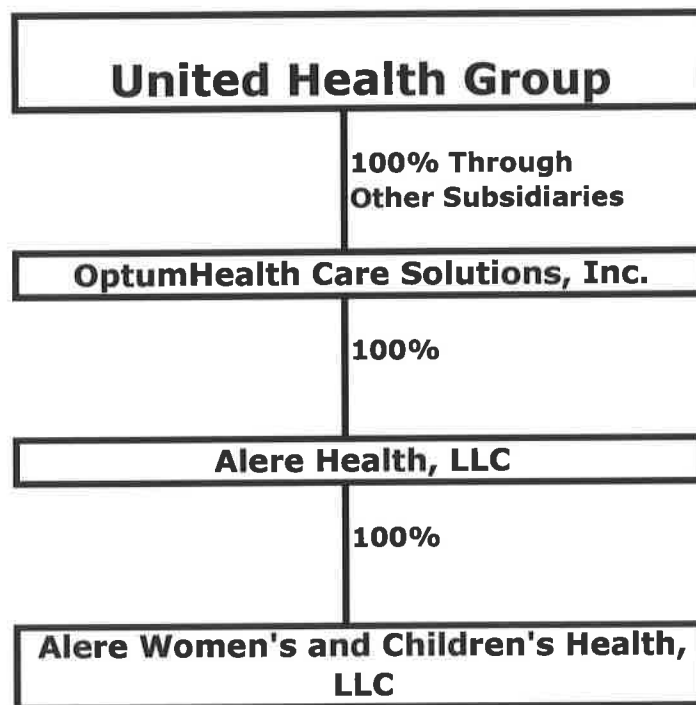
A.4	Ownership--Legal Entity Documentation
C, Need--3	Service Area Maps
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	Licensing & Accreditation Inspections
Miscellaneous Information	1. Base Table 1 (Existing Agency Statistics) 2. Tables Seven-C and Seven-D 3. TennCare Enrollments By County, 4-15-15
Support Letters	



---

**A.4--Ownership**  
**Legal Entity and Organization Chart**







**Alere Women's and Children's Health, LLC  
Licensed Home Care Agencies in Tennessee**

<b>Home Care Agency</b>	<b>Licensed Counties</b>
<b>SOUTHEAST TENNESSEE</b> Alere Women's and Children's Health, LLC 651 East Fourth Street, Suite 100 Chattanooga, TN 37403 Angela Coffee, RN 423-634-3207	
	Bledsoe
	Bradley
	Coffee
	Grundy
	Hamilton
	Marion
	McMinn
	Meigs
	Monroe
	Polk
	Rhea
	Sequatchie
	Warren
	(13 counties)
<b>WEST TENNESSEE</b> Alere Women's and Children's Health, LLC 7519 Capital Drive, Suite 2 Germantown, TN 38138 Elizabeth Summers (901)756-6444	
	Fayette
	Hardeman
	Haywood
	Lauderdale
	Madison
	Shelby
	Tipton
	(7 counties)
<b>MIDDLE TENNESSEE</b> Alere Women's and Children's Health, LLC 1926 Hayes Street, Suite 111 Nashville, TN 37203 Laura Milner, RN 615-320-3270	
	Bedford
	Cheatham
	Davidson
	Dickson
	Hickman
	Houston
	Marshall
	Maurry
	Montgomery
	Robertson
	Rutherford
	Sumner
	Williamson
	Wilson
	(14 counties)



# Board for Licensing Health Care Facilities

State of  Tennessee

License No. 0000000471

## DEPARTMENT OF HEALTH

*This is to certify, that a license is hereby granted by the State Department of Health to*

ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC

*to conduct and maintain a*

*Home Care Organization*

ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC

*Located at*

1926 HAYES STREET, SUITE 111, NASHVILLE

*County of*

DAVIDSON

*Tennessee.*

*This license shall expire*

FEBRUARY 11

2016

*, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

*In Witness Whereof, we have hereunto set our hand and seal of the State this* 13TH *day of* JANUARY *, 2015.*

*In the District Category(ies) of:* SKILLED NURSING  
HOME HEALTH AGENCY



*By*

Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

*By*

J. M. D. H.

COMMISSIONER





The Joint Commission

July 17, 2013

Mike Cotton  
Chief Executive Officer  
Alere Women's and Children's Health, LLC  
3200 Windy Hill Road, Suite B-100  
Atlanta, GA 30339

Joint Commission ID #: 436425  
Program: Home Care Accreditation  
Accreditation Activity: 60-day Evidence of  
Standards Compliance  
Accreditation Activity Completed: 07/17/2013

Dear Mr. Cotton:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning May 15, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations




## **Notes on Alere Women's and Children's Health, LLC**

The applicant is Alere Women's and Children's Health, LLC. Its present name is the result of several reorganizations and name changes that are summarized below. The first page of this Attachment is documentation from the Tennessee Secretary of State that it is registered in good standing to do business in Tennessee.

Some years ago, two corporations named Tokos and Healthdyne merged, with Healthdyne being the surviving corporation, which then changed its name to Matria Healthcare, Inc. and then changed it again to Matria Women's and Children's Health, Inc. By special authorization of the IRS, it was allowed to convert into an LLC, Matria Women's and Children's Health, LLC. That LLC changed its name to Alere Women's and Children's Health, LLC, the applicant's current name. From Healthdyne on, this entity has kept the same tax ID number and has been the same legal entity for purposes of a Certificate of Need application.





Tennessee  
Secretary  
of State

Tre Hargett

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# Business Information Search

As of June 07, 2015 we have processed all corporate filings received in our office through June 05, 2015 and all annual reports received in our office through June 05, 2015.

Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file an annual report, obtain a certificate of existence, file an amendment, etc.

Search: 1-1 of 1

Search Name: Alere Women's and Children's Health, LLC

☒ Starts With ☐ Contains

Control #:

Active Entities Only: 1

Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
<u>000500940</u>	LLC	ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC DELAWARE	Entity	Active	08/24/2005	Active

1-1 of 1

Information about individual business entities can be queried, viewed and printed using this search tool for free.

If you want to get an electronic file of all business entities in the database, the full database can be downloaded for a fee by [Clicking Here](#).

[Click Here](#) for information on the Business Services Online Search logic.

Division of Business Services

312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor

Nashville, TN 37243

615-741-2286

Email | [Directions](#) | [Hours and Holidays](#) | [Methods of Payment](#)

Business Filings and Information (615) 741-2286 | [TNSOS.CORPINFO@tn.gov](mailto:TNSOS.CORPINFO@tn.gov)

Certified Copies and Certificate of Existence (615) 741-6488 | [TNSOS.CERT@tn.gov](mailto:TNSOS.CERT@tn.gov)

Motor Vehicle Temporary Liens (615) 741-0529 | [TNSOS.MVTL@tn.gov](mailto:TNSOS.MVTL@tn.gov)

Uniform Commercial Code (UCC) (615) 741-3276 | [TNSOS.UCC@tn.gov](mailto:TNSOS.UCC@tn.gov)

Workers' Compensation Exemption Registrations (615) 741-0526 | [TNSOS.WCER@tn.gov](mailto:TNSOS.WCER@tn.gov)

Apostilles & Authentications (615) 741-0536 | [TNSOS.ATS@tn.gov](mailto:TNSOS.ATS@tn.gov)

Summons (615) 741-1799 | [TNSOS.ATS@tn.gov](mailto:TNSOS.ATS@tn.gov)

Trademarks (615) 741-0531 | [TNSOS.ATS@tn.gov](mailto:TNSOS.ATS@tn.gov)

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Bureau of Ethics and Campaign Finance

Tennessee Code Unannotated

NASS

State Comptroller

State Treasurer



# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ALERE LLC", CHANGING ITS NAME FROM "ALERE LLC" TO "ALERE HEALTH, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2009, AT 10:53 O'CLOCK A.M.

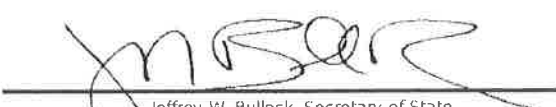
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2009, AT 11:59 O'CLOCK P.M.



4494675 8100

091154305

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7732754

DATE: 12-31-09



State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:08 AM 12/31/2009  
FILED 10:53 AM 12/31/2009  
SRV 091154305 - 4494675 FILE

**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF FORMATION  
ALERE LLC**

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act, the Certificate of Formation is hereby amended as follows:

1. The name of the limited liability company is Alere LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended to change the name of the Company to "ALERE HEALTH, LLC."
3. This amendment shall be effective at 11:59 p.m. EST on December 31, 2009.

(SIGNATURE PAGE FOLLOWS)



IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to be effective as of the 31<sup>st</sup> day of December, 2009.

ALERE LLC

By: 

Name: Kenneth Piernik

Title: Assistant Secretary



# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ARTEMIS MERGER, LLC", A DELAWARE LIMITED LIABILITY COMPANY, WITH AND INTO "MATRIA HEALTHCARE, LLC" UNDER THE NAME OF "ALERE LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2008, AT 9:19 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2008, AT 11:59 O'CLOCK A.M.

4494675 8100M

081226712

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7066443

DATE: 01-07-09



EXHIBIT A

CERTIFICATE OF INCORPORATION  
OF  
MATRIA HEALTHCARE, INC.

FIRST: The name of this corporation shall be:

Matria Healthcare, Inc.

SECOND: Its registered office in the State of Delaware is to be located at:

1209 Orange Street, City of Wilmington 19801, County of New Castle; and the name of the registered agent of the corporation in the State of Delaware at such address is The Corporation Trust Company.

THIRD: The purpose or purposes of the corporation shall be:

To carry on any and all business and to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

FOURTH: The total number of shares of stock which this corporation is authorized to issue is 1,000 shares of \$.001 par value common stock.

FIFTH: In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors is expressly authorized to adopt, amend or repeal the by-laws of the corporation.

SIXTH: Elections of directors need not be by written ballot unless the by-laws of the corporation shall so provide.

SEVENTH: A director of the corporation shall not be personally liable to the corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the Delaware General Corporation Law, or (iv) for any transaction from which the director derived any improper personal benefit. If the Delaware General Corporation Law is amended after the effective date of this Certificate of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be eliminated or limited to the fullest extent permitted by the General Corporation Law of the State of Delaware. No amendment, modification or repeal of this Section shall adversely affect the rights and protection



afforded to a director of the corporation under this Section for acts or omissions occurring prior to such amendment, modification or repeal.

EIGHTH: The corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, and to add or insert other provisions authorized by the laws of the State of Delaware at the time in force, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons whomsoever by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Section.

NINTH: Whenever a compromise or arrangement is proposed between this corporation and its creditors or any class of them and/or between this corporation and its stockholders or any class of them, any court of equitable jurisdiction within the State of Delaware may, on the application in a summary way of this corporation or of any creditor or stockholder thereof or on the application of any receiver or receivers appointed for this corporation under the provisions of Section 291 of Title 8 of the Delaware Code or on the application of trustees in dissolution or of any receiver or receivers appointed for this corporation under the provisions of Section 279 of Title 8 of the Delaware Code order a meeting of the creditors or class of creditors, and/or of the stockholders or class of stockholders of this corporation, as the case may be, to be summoned in such manner as the said court directs. If a majority in number representing three-fourths in value of the creditors or class of creditors, and/or of the stockholders or class of stockholders of this corporation, as the case may be, agree to any compromise or arrangement and to any reorganization of this corporation as consequence of such compromise or arrangement, the said compromise or arrangement and the said reorganization shall, if sanctioned by the court to which the said application has been made, be binding on all the creditors or class of creditors, and/or on all the stockholders or class of stockholders, of this corporation, as the case may be, and also on this corporation.

[Remainder of Page Intentionally Left Blank]



## **A.6--Site Control**



## LEASE EXTENSION AGREEMENT

RE: 1926 Hayes Street  
Nashville, TN 37203

The Lease Agreement between **Alere Women's and Children's Health, LLC.** and **Jack L. Gaw, DMD** at the above referenced location is scheduled to terminate June 30, 2014. Execution of this Lease Extension Addendum to the Lease Agreement will extend the term from **July 1, 2014 - June 30, 2015.**

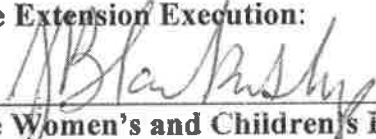
All terms and conditions under the Lease Agreement remain unchanged except that the monthly rental rate shall be \$1,800.00.

Please forward two signed original executed copies of this Lease Extension Agreement to my attention. Upon full execution, I will return an original to Avison Young.

Regards,


Jack L. Gaw, DMD

Lease Extension Execution:

  
\_\_\_\_\_  
Alere Women's and Children's Health, LLC.

06-11-14

Date

  
\_\_\_\_\_  
Jack L. Gaw, DMD

7.11.14

Date



## LEASE AGREEMENT

THIS AGREEMENT, made this 24th day of May, 1996, between Jack L. Gaw, D.M.D. (hereinafter referred to as the "LESSOR") and Matria Healthcare, Inc. (hereinafter referred to as the "LESSEE").

### WITNESSETH:

1. TERMS AND CONDITIONS. Lessor does hereby rent to Lessee that office space described as suite number(s) 107 of the building addressed 1926 Hayes Street, Nashville, Tennessee 37023 (hereinafter the "Demised Premises"), for a term of 12 months commencing on the 15th day of June, 1996, and ending on the 14th day of May, 1997, at midnight (hereinafter the "Initial Term").

2. RENTAL. Lessee shall pay to lessor, promptly on the first day of each month in advance during the term of this Agreement, a monthly rental of \$ 350.00, or \$ 4200.00 for the entire term of this Agreement. Prorated rent for any period of less than one month shall be paid by Lessee for each day Lessee occupies the Demised Premises.

One Monthly rental payment and a security deposit in the amount of one month's rent is due upon signing this Agreement. The security deposit will be refunded at the expiration of this Agreement, provided rent payments are current and only normal wear and tear on Demised Premises is incurred. Lessee agrees that the deposit may be commingled with other funds of Lessor and shall not be considered an advance of rent or a measure of Lessor's damage in the event of a default by Lessee.

If any payments under this Agreement are paid after the 6th day of the month, a late charge of 10% per month will be due as additional rental when the payment is made. It is agreed by the parties to this lease that failure to pay such additional rental will constitute a default under this Lease Agreement.

3. SERVICES. Lessor shall furnish Lessee services as set forth herein, and Lessee will accept the same, subject to the terms of this Agreement. Notwithstanding anything herein to the contrary, Lessor shall in no event be liable for damages from labor difficulties or the temporary stoppage or breakdown of heat, electricity, air conditioning equipment, or water apparatus, or and other facility or service. Services are as follows:

A. UTILITIES. Lessor agrees that it will, during normal business hours, furnish air conditioning sufficient to reasonably heat or cool the Demised Premises, and Lessor will furnish water and electric power for reasonable use on the Demised Premises for normal office equipment. Electric power will be furnished for normal business machines only, and electric current and installation of same for electronic records type equipment and/or computer equipment, unless set forth herein, shall be at the expense of the Lessee. Lessor shall not be liable for damages arising from the failure to furnish any of the above services or utilities and cessation caused by strike, accident, or reasonable necessity, beyond the control of Lessor, shall not be considered default by Lessor. For purposes of this Agreement, normal business operation hours shall be from 8:00 A.M. to 5:00 P.M., Monday through Friday inclusive, but excluding holidays observed by Lessor. It is fully understood that cleaning and other personnel of Lessor will have access to the Lessees' leased premises during the course of this lease. Lessee agrees to waive, hold harmless and indemnify Lessor for any claims for lost or stolen property occasioned by or resulting from the actions of such persons.

B. MANAGEMENT. The entire property shall be managed in an efficient and professional matter.

4. ADDITIONAL EXPENSES INCURRED. Additional expenses incurred by the Lessee and paid by the Lessor shall be reimbursed to Lessor as additional rent on a monthly basis. A monthly statement for miscellaneous expenses (postage, shipping charges, facsimile service, office supplies, photocopies, long distance charges, etc.) shall be prepared as of the 20th day of each month and distributed to Lessee for reimbursement by the 1st day of the following month.



5. USE OF PREMISES. The Demised Premises shall be used for office space only and for no other purpose. The Demised Premises shall not be used for any illegal purposes, not in violation of any valid regulation of any government body, nor in any manner to create any nuisance or trespass or tending to disturb any other tenant, nor in any manner to vitiate the insurance or increase the rate of insurance on the Demised Premises or the building. Lessee will not use or permit upon said Demised Premises anything that may be dangerous to persons or property.

6. CONDITION OF PREMISES. Lessee accepts the Demised Premises in such condition and repair as they are in at the commencement of the term of the Lease, such acceptance shall be conclusive evidence of the good and satisfactory condition of the Demised Premises at such time, and shall on its termination surrender them in the same condition and repair, ordinary wear and tear and damage by fire or other unavoidable casualty excepted. Lessee further agrees to be responsible for any and all damage to persons or property caused by any person or persons visiting Lessee.

7. ALTERATIONS AND IMPROVEMENTS. No alterations, additions, or improvements to the Demised Premises shall be made without first having the consent, in writing, of the Lessor, and any improvements, additions or alterations made by the Lessee shall at Lessor's option, remain on the Demised Premises as the property of the Lessor, without compensation to Lessee, or shall be removed therefrom and the Demised Premises restored to their original condition at the cost of Lessee at the expiration or sooner termination of this Lease.

8. REPAIRS. Lessor shall maintain the Demised Premises in good order and repair, except that Lessee shall repair damages caused by Lessee or Lessee's visitor's negligence. Lessee shall at once report in writing to Lessor any defective condition in the Demised Premises known to him which Lessor is required to repair, and failure to so report shall make Lessee responsible for damages resulting from such defective condition.

9. RULES AND REGULATIONS. Lessee and Lessee's servants and agents shall at all times observe, perform, and abide by the Rules and Regulations attached hereto as Exhibit "A", hereby made a part of this Lease, together with such other and further reasonable rules and regulations as Lessor may from time to time prescribe.

10. PERSONAL AND PROPERTY RISKS. Lessor shall not be held responsible for and is hereby expressly relieved from all liability by reason of any injury, loss or damage to any person or property in or about the Demised Premises however caused, whether the loss, injury or damage be to the person or property of the Lessee or any other person. The Lessee further agrees that all personal property upon the Demised Premises shall be at the risk of the Lessee only and that the Lessor shall not be liable for any damage thereto or theft thereof. Lessee shall indemnify Lessor and save it harmless from any and all claims, actions, damages, liabilities, and expenses in connection with personal injuries or damage to property arising from its occupancy of the Demised Premises, or occasioned in whole or in part by any act or omission of Lessee, its agents, contractors, employees, customers, licensees, or invitees.

11. DAMAGE BY FIRE OR OTHER CASUALTY. If the Demised Premises or other portions of the building essential to or affording access to the Demised Premises are, during the term of this Lease, damaged by fire or rendered partially unsuitable for occupancy, Lessor shall repair and restore the same as promptly as is reasonably possible, strikes, walkouts and force majeure excepted, provided however, that if Lessor in its sole discretion shall determine that the Demised Premises or other such portions of the building affording access to Demised Premises, as of the date of such damage, are unsuitable for occupancy, it shall so notify Lessee and either Lessor or Lessee may then or within fifteen (15) days thereafter terminate the Lease by notifying the other party of his election so to do.

12. DEFAULT BY LESSEE. In the event of a breach (as hereafter defined) by the Lessee of any of the terms or conditions of this Lease, shall have the right, at its option:

A. To re-enter and resume possession of the Demised Premises and declare this Agreement and the tenancy hereby created, terminated, and may thereupon remove all persons and property from the premises and such property may be stored in a public warehouse or elsewhere at the cost of, and for the account of Lessee, all without service of notice or resort to legal process and without being deemed guilty of trespass, or becoming liable for and loss or damage which may be occasioned thereby; and/or



B. To proceed by attachment, suit or otherwise to collect any delinquent amounts due Lessor hereunder, and/or

C. To accelerate and declare the entire amount owed for the whole term of this Agreement, and all other amounts due under this Agreement at once due and payable, and may proceed by attachment, suit or otherwise, to collect all such amounts in the same manner as if by the terms of this Agreement all such amounts due or to become due during the entire term were payable in advance, and neither the enforcement of collection by Lessor of such amounts nor the payment by Lessee of such amounts shall constitute a waiver by Lessor of any breach, existing or in the future, of any of the terms or provisions of this Agreement by Lessee or of any rights or remedies which the Lessor may have with respect to any such breach.

13. BREACH. The occurrence of any one of the following events shall be considered a breach of this Agreement.

A. In the event the Lessee should fail to make any payment required herein as and when the same shall become due and payable and such default shall continue for as much as five (5) days thereafter.

B. In the event an execution or other legal process is levied upon the property of the Lessee located on the Demised Premises or upon the interest of the Lessee in this Agreement unless such execution or other levy be discharged of record within thirty (30) days.

C. In the event a voluntary petition in bankruptcy is filed by the Lessee or the Lessee is adjudged bankrupt or in the event the Lessee makes an assignment for the benefit of creditors, or in the event of the appointment of a receiver, whether bankruptcy or otherwise, of the Lessee's property, provided such appointment is not vacated or set aside within thirty (30) days or in the event any plan or reorganization of the Lessee which is not satisfactory to or approved by the Lessor shall be approved by any court or any judge thereof, and such approval is not set aside within thirty (30) days.

D. In the event the Lessee violates any of the other terms, conditions, covenants, stipulations, or agreements on the part of the Lessee, herein contained, and fails to remedy the same within fifteen (15) days after written notice thereof from Lessor.

E. In the event the Lessee abandons or vacates the Demised Premises for more than thirty (30) days.

14. LIENS. A first lien is expressly reserved by the Lessor and granted by the Lessee upon all personal property, fixtures, improvements and all other fixtures erected or put in place or that may be erected upon the Demised Premises by or through the Lessee or other occupants for the payment of money owed Lessor, and also for the satisfaction of any causes of action which may accrue to the Lessor by the provisions of this instrument.

15. NON-WAIVER. The failure of the Lessor to insist in any one of more instance upon a strict performance of any of the covenants and conditions contained in this Agreement or to exercise any option herein contained shall not be construed as a waiver for the future of any such covenant or condition or option, but the same shall continue and remain in full force and effect. The receipt by the Lessor of payment in whole or in part, due hereunder with knowledge of the breach of any such covenant or condition shall not be deemed a waiver of such breach and no waiver by the Lessor of any provision hereof shall be deemed to have been made unless expressed in writing by Lessor.

16. LESSOR'S ATTORNEYS' FEES. In the event of the employment by the Lessor of an attorney to collect any money due Lessor hereunder or to protect the interest of the Lessor in the event of a breach by Lessee of any of the terms and conditions of this Lease, Lessee will pay to Lessor the reasonable fees and expenses of such attorney upon demand therefore by Lessor.

17. SUBORDINATION AND ATTORNMEN Lessee agrees that its rights hereunder shall be subordinate to the lien of any mortgage or mortgages, or the lien resulting from any other method of financing or refinancing, now or hereafter



in force against the 1926 Hayes Street building (hereinafter referred to as the "Building") and to all advance made or hereafter to be made upon the security thereof. Lessee shall, in the event any proceeding is brought for the foreclosure of, or in the event a deed is given in lieu of foreclosure of, any mortgage made by Lessor covering the Building, attorn to the purchaser upon any such foreclosure or sale and recognize such purchaser as the Lessor under this Lease, provided such purchaser elects to adopt this Lease and gives Lessee written notice thereof. Lessee agrees to execute any instruments evidencing such subordination and attornment as may be reasonably required by the holder of any mortgage covering the Building.

18. ASSIGNMENT BY LESSOR. Lessor shall have the right to transfer and assign, in whole or in part, all its rights and obligations hereunder and in the Building. In such event and upon such transfer, no further liability or obligation shall accrue against the assigning Lessor.

19. NOTICES. All notices required or permitted to be given hereunder shall be in writing, properly addressed as hereinafter designated, and mailed by registered or certified mail, return receipt requested, and all notices so addressed and mailed, shall be deemed delivered forty-eight (48) hours after being deposited in the United States mail:

TO LESSOR: Jack L. Gaw, D.M.D.  
1926 Hayes Street  
Nashville, Tennessee 37203

TO LESSEE: MATRIA HEALTHCARE, INC.  
1850 PARKWAY PLACE, #  
MARIETTA, GA 30067 ATTN: GEN. COUNSEL

20. EMINENT DOMAIN. If the whole or any part of the Demised Premises shall be taken by Federal, State, County, or City authority for public use, or under any statute, or by right of eminent domain then when possession shall be taken thereunder of said premises, or any part thereof, the term hereby granted and all rights of Lessee hereunder shall immediately cease and terminate. It is expressly agreed that Lessee shall not have any right or claim to any part of any award made to or received by Lessor for such taking.

21. INVALIDITY AND GOVERNING LAW. If any clause or provision of this Agreement is or becomes illegal, invalid or unenforceable because of present or future laws, rules or regulations of any governmental body, or becomes unenforceable for any reason, it is the intention of the parties hereto that all of the remaining parts of this Agreement shall not be thereby affected. This Agreement shall be governed by the laws of the State of Tennessee.

22. LESSOR'S RIGHT OF ENTRY. Lessor, upon notice, may enter the Demised Premises at reasonable hours to exhibit the same to prospective tenants or purchasers, to inspect the premises to see that the Lessee is complying with all of its obligations hereunder, and to make repairs as required of Lessor under the terms hereof or repairs to Lessor's adjoining property.

23. HOLDING OVER. If Lessee retains possession of the Demised Premises or any part thereof after the termination of this Lease without having executed a Renewal Agreement to Lease and Service Agreement, Lessee shall pay rent at one hundred twenty-five percent (125%) of the rate payable on the month preceding such holding over computed on a daily basis for each day that Lessee remains in possession. In addition thereto, Lessee shall be liable for and pay to Lessor, all damages, consequential as well as direct, sustained by reason of Lessee's holding over.

24. TERMINATION AGREEMENT. This agreement may be terminated on the termination date previously set forth provide, however, it is agreed that the parties seeking to terminate shall first give written notice to the other party no less than sixty (60) days prior to the date of intended termination of this lease and such termination can occur only on the last day of any month following 60 day notice. In the absence of such written notice, this agreement shall be extended on a



month-to-month basis at the rate determined by section 23. Holding Over, still requiring the written notice of 60 days prior, on terms and conditions set forth herein or subsequently set forth by Lessor or until a new lease is executed.

25. SPECIAL PROVISIONS

26. ENTIRE CONTRACT. This Agreement embodies the entire contract of the parties and shall not be altered, changed or modified in any respect by instrument of equal dignity to this instrument.

LESSOR:

Jack L. Gaw, D.M.D.  
1926 Hayes Street  
Nashville, Tennessee 37203

By: \_\_\_\_\_

LESSEE:

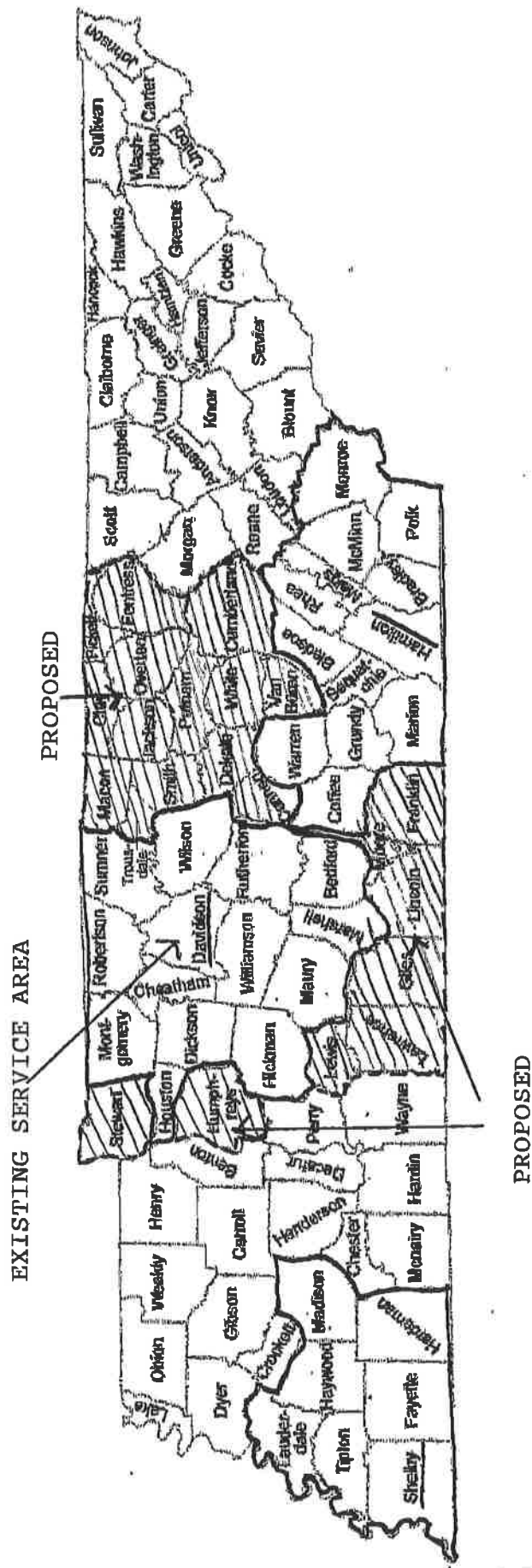
MATRIA HEALTHCARE, INC.

By: Frank Powers



**C, Need--3**  
**Service Area Maps**







**C, Economic Feasibility--2**  
**Documentation of Availability of Funding**



## **C, Economic Feasibility--10 Financial Statements**



**UnitedHealth Group**  
**Consolidated Balance Sheets**

(in millions, except per share data)	December 31, 2014	December 31, 2013
<b>Assets</b>		
Current assets:		
Cash and cash equivalents .....	\$ 7,495	\$ 7,276
Short-term investments .....	1,741	1,937
Accounts receivable, net of allowances of \$260 and \$196 .....	4,252	3,052
Other current receivables, net of allowances of \$156 and \$169 .....	5,498	3,998
Assets under management .....	2,962	2,757
Deferred income taxes .....	556	430
Prepaid expenses and other current assets .....	1,052	930
Total current assets .....	23,556	20,380
Long-term investments .....	18,827	19,605
Property, equipment and capitalized software, net of accumulated depreciation and amortization of \$2,954 and \$2,675 .....	4,418	4,010
Goodwill .....	32,940	31,604
Other intangible assets, net of accumulated amortization of \$2,685 and \$2,283 .....	3,669	3,844
Other assets .....	2,972	2,439
<b>Total assets</b> .....	<b>\$86,382</b>	<b>\$81,882</b>
<b>Liabilities and shareholders' equity</b>		
Current liabilities:		
Medical costs payable .....	\$12,040	\$11,575
Accounts payable and accrued liabilities .....	9,247	7,458
Other policy liabilities .....	5,965	5,279
Commercial paper and current maturities of long-term debt .....	1,399	1,969
Unearned revenues .....	1,972	1,600
Total current liabilities .....	30,623	27,881
Long-term debt, less current maturities .....	16,007	14,891
Future policy benefits .....	2,488	2,465
Deferred income taxes .....	2,065	1,796
Other liabilities .....	1,357	1,525
Total liabilities .....	52,540	48,558
Commitments and contingencies (Note 12)		
Redeemable noncontrolling interests .....	1,388	1,175
Shareholders' equity:		
Preferred stock, \$0.001 par value — 10 shares authorized; no shares issued or outstanding .....	—	—
Common stock, \$0.01 par value — 3,000 shares authorized; 954 and 988 issued and outstanding .....	10	10
Retained earnings .....	33,836	33,047
Accumulated other comprehensive loss .....	(1,392)	(908)
Total shareholders' equity .....	32,454	32,149
<b>Total liabilities and shareholders' equity</b> .....	<b>\$86,382</b>	<b>\$81,882</b>

See Notes to the Consolidated Financial Statements



**UnitedHealth Group**  
**Consolidated Statements of Operations**

(in millions, except per share data)	For the Years Ended December 31,		
	2014	2013	2012
<b>Revenues:</b>			
Premiums .....	\$115,302	\$109,557	\$ 99,728
Services .....	10,151	8,997	7,437
Products .....	4,242	3,190	2,773
Investment and other income .....	779	745	680
<b>Total revenues</b> .....	<b>130,474</b>	<b>122,489</b>	<b>110,618</b>
<b>Operating costs:</b>			
Medical costs .....	93,257	89,290	80,226
Operating costs .....	21,681	19,362	17,306
Cost of products sold .....	3,784	2,839	2,523
Depreciation and amortization .....	1,478	1,375	1,309
<b>Total operating costs</b> .....	<b>120,200</b>	<b>112,866</b>	<b>101,364</b>
<b>Earnings from operations</b> .....	<b>10,274</b>	<b>9,623</b>	<b>9,254</b>
Interest expense .....	(618)	(708)	(632)
<b>Earnings before income taxes</b> .....	<b>9,656</b>	<b>8,915</b>	<b>8,622</b>
Provision for income taxes .....	(4,037)	(3,242)	(3,096)
<b>Net earnings</b> .....	<b>5,619</b>	<b>5,673</b>	<b>5,526</b>
Earnings attributable to noncontrolling interests .....	—	(48)	—
<b>Net earnings attributable to UnitedHealth Group common shareholders</b> .....	<b>\$ 5,619</b>	<b>\$ 5,625</b>	<b>\$ 5,526</b>
<b>Earnings per share attributable to UnitedHealth Group common shareholders:</b>			
Basic .....	\$ 5.78	\$ 5.59	\$ 5.38
Diluted .....	\$ 5.70	\$ 5.50	\$ 5.28
<b>Basic weighted-average number of common shares outstanding</b> .....	<b>972</b>	<b>1,006</b>	<b>1,027</b>
<b>Dilutive effect of common share equivalents</b> .....	<b>14</b>	<b>17</b>	<b>19</b>
<b>Diluted weighted-average number of common shares outstanding</b> .....	<b>986</b>	<b>1,023</b>	<b>1,046</b>
Anti-dilutive shares excluded from the calculation of dilutive effect of common share equivalents .....	6	8	17
<b>Cash dividends declared per common share</b> .....	<b>\$ 1.4050</b>	<b>\$ 1.0525</b>	<b>\$ 0.8000</b>

See Notes to the Consolidated Financial Statements





**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

**Form 10-Q**

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**FOR THE QUARTERLY PERIOD ENDED MARCH 31, 2015**

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**FOR THE TRANSITION PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

Commission file number: 1-10864

**UNITEDHEALTH GROUP<sup>®</sup>**

**UnitedHealth Group Incorporated**

(Exact name of registrant as specified in its charter)

**Minnesota**  
(State or other jurisdiction of  
incorporation or organization)

**41-1321939**  
(I.R.S. Employer  
Identification No.)

**UnitedHealth Group Center**  
**9900 Bren Road East**  
**Minnetonka, Minnesota**  
(Address of principal executive offices)

**55343**  
(Zip Code)

**(952) 936-1300**

(Registrant's telephone number, including area code)

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of April 30, 2015, there were 951,904,261 shares of the registrant's Common Stock, \$.01 par value per share, issued and outstanding.

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See  
page 19





**UNITEDHEALTH GROUP**  
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## PART I

### ITEM 1. FINANCIAL STATEMENTS

#### UnitedHealth Group Condensed Consolidated Balance Sheets (Unaudited)

(in millions, except per share data)	March 31, 2015	December 31, 2014
<b>Assets</b>		
Current assets:		
Cash and cash equivalents .....	\$ 8,650	\$ 7,495
Short-term investments .....	1,780	1,741
Accounts receivable, net .....	5,040	4,252
Other current receivables, net .....	5,346	5,498
Assets under management .....	2,921	2,962
Deferred income taxes .....	405	556
Prepaid expenses and other current assets .....	2,632	1,052
Total current assets .....	26,774	23,556
Long-term investments .....	19,416	18,827
Property, equipment and capitalized software, net .....	4,245	4,418
Goodwill .....	32,782	32,940
Other intangible assets, net .....	3,441	3,669
Other assets .....	3,061	2,972
Total assets .....	<u>\$89,719</u>	<u>\$86,382</u>
<b>Liabilities and shareholders' equity</b>		
Current liabilities:		
Medical costs payable .....	\$13,537	\$12,040
Accounts payable and accrued liabilities .....	10,518	9,247
Other policy liabilities .....	6,392	5,965
Commercial paper and current maturities of long-term debt .....	2,797	1,399
Unearned revenues .....	1,734	1,972
Total current liabilities .....	34,978	30,623
Long-term debt, less current maturities .....	15,577	16,007
Future policy benefits .....	2,483	2,488
Deferred income taxes .....	2,056	2,065
Other liabilities .....	1,295	1,357
Total liabilities .....	56,389	52,540
Commitments and contingencies (Note 9)		
Redeemable noncontrolling interests .....	1,452	1,388
Shareholders' equity:		
Preferred stock, \$0.001 par value — 10 shares authorized; no shares issued or outstanding .....	—	—
Common stock, \$0.01 par value — 3,000 shares authorized; 952 and 954 issued and outstanding .....	10	10
Retained earnings .....	34,153	33,836
Accumulated other comprehensive loss .....	(2,285)	(1,392)
Total shareholders' equity .....	31,878	32,454
Total liabilities and shareholders' equity .....	<u>\$89,719</u>	<u>\$86,382</u>

See Notes to the Condensed Consolidated Financial Statements





**UnitedHealth Group**  
**Condensed Consolidated Statements of Operations**  
**(Unaudited)**

(in millions, except per share data)	Three Months Ended March 31,	
	2015	2014
Revenues:		
Premiums .....	\$31,674	\$28,115
Services .....	2,706	2,404
Products .....	1,230	998
Investment and other income .....	146	191
Total revenues .....	<u>35,756</u>	<u>31,708</u>
Operating costs:		
Medical costs .....	25,689	23,208
Operating costs .....	5,949	5,194
Cost of products sold .....	1,100	892
Depreciation and amortization .....	378	360
Total operating costs .....	<u>33,116</u>	<u>29,654</u>
Earnings from operations .....	2,640	2,054
Interest expense .....	(150)	(160)
Earnings before income taxes .....	2,490	1,894
Provision for income taxes .....	(1,077)	(795)
Net earnings .....	<u>\$ 1,413</u>	<u>\$ 1,099</u>
Earnings per share:		
Basic .....	<u>\$ 1.48</u>	<u>\$ 1.12</u>
Diluted .....	<u>\$ 1.46</u>	<u>\$ 1.10</u>
Basic weighted-average number of common shares outstanding .....	954	983
Dilutive effect of common share equivalents .....	15	13
Diluted weighted-average number of common shares outstanding .....	<u>969</u>	<u>996</u>
Anti-dilutive shares excluded from the calculation of dilutive effect of common share equivalents .....	9	9
Cash dividends declared per common share .....	\$0.3750	\$0.2800

See Notes to the Condensed Consolidated Financial Statements





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**UnitedHealth Group**  
**Condensed Consolidated Statements of Comprehensive Income**  
**(Unaudited)**

(in millions)	Three Months Ended March 31,	
	2015	2014
Net earnings .....	\$ 1,413	\$ 1,099
Other comprehensive (loss) income:		
Gross unrealized gains on investment securities during the period .....	105	166
Income tax effect .....	(37)	(61)
Total unrealized gains, net of tax .....	68	105
Gross reclassification adjustment for net realized gains included in net earnings .....	(3)	(46)
Income tax effect .....	1	17
Total reclassification adjustment, net of tax .....	(2)	(29)
Total foreign currency translation (losses) gains .....	(959)	259
Other comprehensive (loss) income .....	(893)	335
Comprehensive income .....	\$ 520	\$ 1,434

See Notes to the Condensed Consolidated Financial Statements





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## 10. Segment Financial Information

The Company's four reportable segments are UnitedHealthcare, OptumHealth, OptumInsight and OptumRx. For more information on the Company's segments see Part I, Item I, "Business" and Note 13 of Notes to the Consolidated Financial Statements in Part II, Item 8, "Financial Statements" in the Company's 2014 10-K.

The following table presents the reportable segment financial information:

		Optum						
(in millions)	UnitedHealthcare	OptumHealth	OptumInsight	OptumRx	Optum Eliminations	Optum	Corporate and Eliminations	Consolidated
Three Months Ended March 31, 2015								
Revenues — external customers:								
Premiums . . . . .	\$ 30,905	\$ 769	\$ —	\$ —	\$ —	\$ 769	\$ —	\$ 31,674
Services . . . . .	1,603	521	559	23	—	1,103	—	2,706
Products . . . . .	—	5	20	1,205	—	1,230	—	1,230
Total revenues — external customers . . . . .	32,508	1,295	579	1,228	—	3,102	—	35,610
Total revenues — intersegment . . . . .	—	1,963	811	7,067	(159)	9,682	(9,682)	—
Investment and other income . . . . .	115	31	—	—	—	31	—	146
Total revenues . . . . .	\$ 32,623	\$ 3,289	\$ 1,390	\$ 8,295	\$ (159)	\$ 12,815	\$ (9,682)	\$ 35,756
Earnings from operations . . . . .	\$ 1,898	\$ 234	\$ 222	\$ 286	\$ —	\$ 742	\$ —	\$ 2,640
Interest expense . . . . .	—	—	—	—	—	—	(150)	(150)
Earnings before income taxes . . . . .	\$ 1,898	\$ 234	\$ 222	\$ 286	\$ —	\$ 742	\$ (150)	\$ 2,490
Three Months Ended March 31, 2014								
Revenues — external customers:								
Premiums . . . . .	\$ 27,511	\$ 604	\$ —	\$ —	\$ —	\$ 604	\$ —	\$ 28,115
Services . . . . .	1,586	263	525	30	—	818	—	2,404
Products . . . . .	1	7	26	964	—	997	—	998
Total revenues — external customers . . . . .	29,098	874	551	994	—	2,419	—	31,517
Total revenues — intersegment . . . . .	—	1,671	696	6,464	(115)	8,716	(8,716)	—
Investment and other income . . . . .	156	35	—	—	—	35	—	191
Total revenues . . . . .	\$ 29,254	\$ 2,580	\$ 1,247	\$ 7,458	\$ (115)	\$ 11,170	\$ (8,716)	\$ 31,708
Earnings from operations . . . . .	\$ 1,404	\$ 211	\$ 197	\$ 242	\$ —	\$ 650	\$ —	\$ 2,054
Interest expense . . . . .	—	—	—	—	—	—	(160)	(160)
Earnings before income taxes . . . . .	\$ 1,404	\$ 211	\$ 197	\$ 242	\$ —	\$ 650	\$ (160)	\$ 1,894



**C, Orderly Development--7(C)**  
**Licensing & Accreditation Inspections**





**COPY**

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
**WEST TENNESSEE REGIONAL OFFICE**  
**HEALTH CARE FACILITIES**  
2975 C Highway 45 Bypass  
Jackson, Tennessee 38305  
Telephone: (731) 984-9684

December 10, 2014

Ms. Laura Milner, Administrator  
Alere Women's and Children's Health  
1926 Hayes Street  
Nashville, TN 37203

**RE: Licensure Survey – TNHL004 Dated 12/2/2014**

Dear Ms. Milner:

We are pleased to advise you that no deficiencies were cited as a result of an annual licensure survey conducted at your facility on December 02, 2014. A copy of the survey is enclosed for your files.

If this office may be of any assistance to you, please feel free contact us.

Sincerely,

*Diane Carter*

Diane Carter, RN, LNCC  
Public Health Nurse Consultant 2

DC/gk *gk*

Enclosure



Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNHL004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ALERE WOMEN'S AND CHILDREN'S HEALTH,**

**1926 HAYES STREET  
NASHVILLE, TN 37203**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 002	<p>1200-8-26 No Deficiencies.</p> <p>This Rule is met as evidenced by: The agency was found to be in compliance with state regulations for Home Health during the licensure survey conducted on 12/2/14. No deficiencies were cited.</p>	H 002		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE





July 17, 2013

Mike Cotton  
Chief Executive Officer  
Alere Women's and Children's Health, LLC  
3200 Windy Hill Road, Suite B-100  
Atlanta, GA 30339

Joint Commission ID #: 436425  
Program: Home Care Accreditation  
Accreditation Activity: 60-day Evidence of  
Standards Compliance  
Accreditation Activity Completed: 07/17/2013

Dear Mr. Cotton:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning May 15, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer  
Division of Accreditation and Certification Operations



### **Evaluation of Alere compared to Alere's Mission**

1. Excellent care coordination between field and call center
2. Sharing of information between regions
3. Positive comments from patients regarding field nurses and call center staff
4. Competency of co-travel (suggested we submit as a best practice)
5. Effectiveness of contracted central pharmacy
6. Coordination of care between the pharmacy (contract agency) and home care organization
7. Illinois manager participated in survey despite personal loss
8. Ability of patient to provide therapy on an ongoing basis (patients are being provided the tools for self- management)
9. Teaching/follow-up tools provided to patients for self-management





Alere Women's and Children's Health, LLC  
3200 Windy Hill Road, Suite B-100  
Atlanta, GA 30339

**Organization Identification Number: 436425**

**Evidence of Standards Compliance (60 Day) Submitted: 7/11/2013**

**Program(s)**

Home Care Accreditation

**Executive Summary**

**Home Care Accreditation :** As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.



**The Joint Commission  
Summary of Compliance**

<b>Program</b>	<b>Standard</b>	<b>Level of Compliance</b>
OME	EM.03.01.03	Compliant
OME	IM.02.01.01	Compliant
OME	MM.05.01.09	Compliant





Alere Women's and Children's Health, LLC  
3200 Windy Hill Road, Suite B-100  
Atlanta, GA 30339

**Organization Identification Number: 436425**

**Program(s)**

Home Care Accreditation

**Survey Date(s)**

05/07/2013-05/07/2013, 05/08/2013-05/10/2013, 05/13/2013-  
05/14/2013, 05/16/2013-05/16/2013, 05/22/2013-05/22/2013

**Executive Summary**

**Home Care  
Accreditation :**

As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.



## The Joint Commission Summary of Findings

**Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:**

**Program:** Home Care Accreditation Program

**Standards:** PC.02.01.01 EP2

**Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:**

**Program:** Home Care Accreditation Program

**Standards:** EM.03.01.03 EP1

IM.02.01.01 EP2

MM.05.01.09 EP2



## The Joint Commission Findings

**Chapter:** Emergency Management

**Program:** Home Care Accreditation

**Standard:** EM.03.01.03

ESC 60 days

**Standard Text:** The organization evaluates the effectiveness of its Emergency Operations Plan.

**Primary Priority Focus Area:** Communication

**Element(s) of Performance:**

1. The organization activates its Emergency Operations Plan once a year at each site included in the plan, either in response to an actual emergency or as a planned exercise.



Note: Planned exercises should focus on the organization's response to an emergency that is likely to affect continuation of care, treatment, or services. Exercises do not need to be conducted in each community served by the organization but should be based on a regional or county response strategy where applicable. Exercises that involve substitutes for patients (such as pillows, bundles, mannequins, or live volunteers) are acceptable.

**Scoring**

**Category :** A

**Score :** Insufficient Compliance

**Observation(s):**

EP 1

Observed in Document Review at Alere Women's and Children's Health, LLC (6525 E 82nd St. Suite 101, Indianapolis, IN) site.

During the document review the home care surveyor observed the organization did not include patients or a substitute for patients in its 2012 emergency operations drill. The drill's activity was a bomb threat to the home care office building. Discussion with leadership confirmed the scope of the drill did not include its patients or field staff.

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**Chapter:** Information Management

**Program:** Home Care Accreditation

**Standard:** IM.02.01.01

ESC 60 days

**Standard Text:** The organization protects the privacy of health information.

**Primary Priority Focus Area:** Information Management

**Element(s) of Performance:**

2. The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7)



**Scoring**

**Category :** A

**Score :** Insufficient Compliance

**Observation(s):**



## The Joint Commission Findings

### EP 2

Observed in Tracer Visit at Alere Women's and Children's Health, LLC (877 Franklin Rd. Suite 205, Marietta, GA) site.

During tracer visit #4 to a patient receiving initiation of infusion services for hydration and SQ Ondansetron the surveyor observed the skilled nurse place the outer wrapper of the infusion bag for D5/LR into a box to be placed in the trash. The bag wrapper contained the prescription label with the patient's name, infusion instructions, physician, etc. Review of agency policies HIPAA 15.1 and QI-017 indicated that processes were in place to protect the privacy of PHI from unauthorized or inappropriate use by discarding in a container for shredding.

Observed in Individual Tracer at Alere of New York, Inc. (19-02 Whitestone Expressway #402, Whitestone, NY) site.

At a Whitestone home visit to initiate continuous SQ Ondansetron therapy a loading dose was administered IM. The skilled nurse used the zip lock bag that had housed the medication for the loading dose as her "garbage bag" for alcohol preps, paper, etc. The zip lock bag contained the medication label as well as patient information. This bag was then to be placed in the garbage. Organization policies indicated that processes were in place to protect PHI information though not implemented on this visit.

**Chapter:** Medication Management

**Program:** Home Care Accreditation

**Standard:** MM.05.01.09

ESC 60 days

**Standard Text:** Medications are labeled.  
Note: This standard is applicable to all organizations that prepare and administer medications.

**Primary Priority Focus Area:** Medication Management

### Element(s) of Performance:

2. Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.



### Scoring

**Category :** A  
**Score :** Insufficient Compliance

### Observation(s):



## The Joint Commission Findings

### EP 2

Observed in Tracer Visit at Alere Women's and Children's Health, LLC (877 Franklin Rd. Suite 205, Marietta, GA) site.

During tracer visit #1 to a new patient for setup of SQ Ondansetron infusion it was noted that the labels on three pre-filled medication syringes did not contain an expiration date for the medication contained in the syringes. These pre-filled syringes were prepared at the local Smyrna, Ga. Pharamerica pharmacy and delivered to the patient for use for first dose. The outer bag which contained the pre-filled syringes also did not contain an expiration date for the medication. The nurse did not administer this medication and it was destroyed. The patient received the prescribed dose of medication from another bag of medication which was issued by the main Pharamerica pharmacy that was correctly labeled. Additionally, there were no lot numbers on either the syringe labels or the packaging labels. Review of the syringes from the main pharmacy included expiration dates and lot numbers.

Observed in Tracer Visit at Alere Women's and Children's Health, LLC (877 Franklin Rd. Suite 205, Marietta, GA) site.

During tracer visit #4 it was noted that for this patient receiving infusion hydration services the outer packaging of the IV bag was labeled with the patient's name, rx. number, infusion instructions, physician, etc. however the bag actual bag of D5/LR solution was hung and infusing without a label. Review of a Pharamerica generated memo presented by leadership stated that IV bags were to be removed from the outer packaging and the label was to be applied to the actual bag by the local pharmacy prior to delivery. The leadership stated that the local pharmacy that prepared the IV delivery for this patient was a relatively new affiliate Pharamerica pharmacy and may have been unaware of the process identified in the memo.

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**Chapter:** Provision of Care, Treatment, and Services

**Program:** Home Care Accreditation

**Standard:** PC.02.01.01

ESC 45 days

**Standard Text:** The organization provides care, treatment, or services for each patient.

**Primary Priority Focus Area:** Assessment and Care/Services

**Element(s) of Performance:**

2. Staff provide care, treatment, or services in accordance with professional standards of practice, law, and regulation.



**Scoring**

**Category :** A

**Score :** Insufficient Compliance

**Observation(s):**

### EP 2

Observed in Individual Tracer at Alere Women's and Children's Health, LLC (6525 E 82nd St. Suite 101, Indianapolis, IN) site.

During a home visit (HV2) the home care surveyor observed the clinician did not provide care in accordance with professional standards and organizational policy. During the process of injecting 17P IM the clinician did not aspirate prior to administering the medication. The clinician used her left hand to isolate and hold the injection site while using the right hand to perform the stick and inject the medication. Discussion with leadership and review of policy confirmed aspirations are required prior to injecting medications.

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## **Miscellaneous Information**



BASE TABLE 1: 2014 Agency Dependence on Alere's 22 Proposed Counties

Patients Served By Agency in Each of Alere's 22 Proposed Counties																													
TDR ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Alere's Proposed Counties	Patients Served By Agency in Each of Alere's 22 Proposed Counties																						Percent of Agency Dependence on Patients in Alere's Proposed Counties	Agency Total Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Agency Female Patients Age 18-64 in Alere's Proposed Counties (Estimated @ 50%)	Percent of Agency Dependence on Female Patients in Alere's Proposed Counties
				Cannon	Clay	Cumberland	Dekalb	Fairfax	Franklin	Giles	Humphreys	Jackson	Lawrence	Lewis	Lincoln	Macon	Moore	Overtown	Pickett	Putnam	Smith	Stewart	Trousdale	Van Buren	White				
26054	Aneddy's Home Care	1,002	590												74		10			1					68	34	5.8%		
33103	Aneddy's Home Health	2,564	17																						3	2	8.8%		
67024	Aneddy's Home Health (Overtown)	949	878																						154	77	8.8%		
75054	Aneddy's Home Health (Rutherford)	535	14																						4	2	14.3%		
19674	Aneddy's Home Health (Cumberland Bend)	2,148	207																						29	15	7.0%		
19024	Aneddy's Home Health (Glen Echo Rd)	1,508	40																						13	7	16.3%		
47202	Aneddy's Home Health Care	4,391	11																						0	0	0.0%		
75064	Aneddy's Home Health Care	1,372	388																						71	36	9.1%		
19684	Aneddy's Home Health Services	210	0																						0	0	0.0%		
95084	American National Home Health (Quality)	305	77																						19	10	12.3%		
19714	Angel Private Duty and Home Health, Inc. (Friendship)	79	10	2																					5	3	25.0%		
99065	Baptist Memorial Home Care & Hospice	283	6																						3	2	25.0%		
19504	Brookdale Home Health Nashville (Innovative Senior)	587	0																						0	0	0.0%		
47062	Cannella Home Health of East Tennessee	1,732	127																						14	7	5.5%		
19724	Careall	1,665	937	2	89	305	8																		211	106	11.3%		
99074	Careall Home Care Services	974	290	97																					54	27	9.3%		
60074	Careall Homecare Services	881	415																						120	60	14.5%		
92025	Careall Homecare Services	2,337	87																						27	14	15.5%		
26024	Caresouth HHA Holdings of Winchester, LLC	2,444	522	4																					114	57	10.9%		
33383	Continuare Health Services, Inc II	7	0																						0	0	0.0%		
19734	Coram CVS Specialty Infusion Services	26	2																						1	1	25.0%		
47402	Covenant Homecare	4,792	0																						0	0	0.0%		
14024	Cumberland River Homecare	393	393																						98	49	12.5%		
95034	Deaconess Homecare (Cedar Creek HH Care)	1,706	597	12	19	81	34																		234	117	19.6%		
52024	Deaconess Homecare (Elk Valley)	1,294	778	2																					263	132	16.9%		
76032	Deaconess Homecare (Elk Valley)	603	35																						10	5	14.3%		
36025	Deaconess Homecare (Geriatric, LLC)	2,122	183																						80	40	21.9%		
19494	Elk Valley Health Services Inc	293	51																						25	13	24.5%		
19514	Friendship Home Health Agency	745	4																						1	1	12.5%		
99084	Friendship Home Health, Inc.	1,721	610	13																					81	41	6.6%		
93034	Gateway Home Health, Clarksville	1,340	80																						29	15	18.1%		
16024	Gentiva Health Services	320	76																						18	9	11.8%		
19084	Gentiva Health Services	831	0																						0	0	0.0%		
33093	Gentiva Health Services	348	0																						0	0	0.0%		
95074	Gentiva Health Services	1,203	157	5																					36	18	11.5%		
47182	Gentiva Health Services 2 (Girling Health Care)	1,815	1																						0	0	0.0%		
94074	Guardian Home Care of Nashville, LLC	1,668	91																						22	11	12.1%		
40075	Henry County Medical Center Home Health	408	2																						2	1	50.0%		
62024	Heritage Home Health	421	6																						6	3	50.0%		
71014	Highland Rim Home Health Agency	497	493																						111	56	11.3%		
90064	Highpoint Homecare (Summer Homecare)	432	299																						83	42	13.9%		
93114	Highpoint Homecare (Summer Homecare)	816	47																						11	6	11.7%		
19544	Home Care Solutions, Inc (LHC HomeCare of TN)	1,689	280	4	1	6	2																		39	20	7.0%		
90063	Home Health Care of East Tennessee, Inc	2,680	68																						23	12	16.9%		
19584	Home Health Care of Middle Tennessee	2,975	31	20																					13	7	21.0%		
19364	Intrepid USA Healthcare Services	1,389	5																						3	2	30.0%		
71084	Intrepid USA Healthcare Services	281	281																						53	27	9.4%		
99064	Intrepid USA Healthcare Services	804	55	21																					13	7	11.8%		
52044	Lincoln Medical Home Health & Hospice	339	336																						65	33	9.7%		











**Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(Alphabetically Listed)**

Health Statistics ID	Agency County	Agency	Type	Patient County
26054	Franklin	Amedisys Home Care	Home	Cannon
75054	Rutherford	Amedisys Home Health	Home	Cannon
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Cannon
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Cannon
19504	Davidson	Brookdale Home Health Nashville	Home	Cannon
19724	Davidson	Careall	Home	Cannon
89074	Warren	Careall Home Care Services	Home	Cannon
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Cannon
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Cannon
52024	Lincoln	Deaconess Homecare	Home	Cannon
95034	Wilson	Deaconess Homecare I	Home	Cannon
19494	Davidson	Elk Valley Health Services Inc	Home	Cannon
89084	Warren	Friendship Home Health, Inc.	Home	Cannon
16024	Coffee	Gentiva Health Services	Home	Cannon
95074	Wilson	Gentiva Health Services	Home	Cannon
19544	Davidson	Home Care Solutions, Inc	Home	Cannon
19584	Davidson	Home Health Care of Middle Tennessee	Home	Cannon
19364	Davidson	Intrepid USA Healthcare Services	Home	Cannon
89064	Warren	Intrepid USA Healthcare Services	Home	Cannon
75024	Rutherford	NHC Homecare	Home	Cannon
16034	Coffee	Suncrest Home Health	Home	Cannon
21024	DeKalb	Suncrest Home Health	Home	Cannon
19394	Davidson	Vanderbilt Community & Home Services	Home	Cannon
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Cannon
19694	Davidson	Willowbrook Home Health Care Agency	Home	Cannon
		<b>Cannon County Total Agencies</b>	<b>25</b>	
67024	Overton	Amedisys Home Health	Home	Clay
19504	Davidson	Brookdale Home Health Nashville	Home	Clay
19724	Davidson	Careall	Home	Clay
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Clay
14024	Clay	Cumberland River Homecare	Home	Clay
95034	Wilson	Deaconess Homecare I	Home	Clay
19494	Davidson	Elk Valley Health Services Inc	Home	Clay
71014	Putnam	Highland Rim Home Health Agency	Home	Clay
19544	Davidson	Home Care Solutions, Inc	Home	Clay
75024	Rutherford	NHC Homecare	Home	Clay
19694	Davidson	Willowbrook Home Health Care Agency	Home	Clay
		<b>Clay County Total Agencies</b>	<b>11</b>	
33103	Hamilton	Amedisys Home Health	Home	Cumberland
67024	Overton	Amedisys Home Health	Home	Cumberland
47202	Knox	Amedisys Home Health Care	Home	Cumberland
47062	Knox	Camellia Home Health of East Tennessee	Home	Cumberland
19724	Davidson	Careall	Home	Cumberland
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Cumberland
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Cumberland
47402	Knox	Covenant Homecare	Home	Cumberland
14024	Clay	Cumberland River Homecare	Home	Cumberland
52024	Lincoln	Deaconess Homecare	Home	Cumberland
95034	Wilson	Deaconess Homecare I	Home	Cumberland
19494	Davidson	Elk Valley Health Services Inc	Home	Cumberland
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Cumberland
71014	Putnam	Highland Rim Home Health Agency	Home	Cumberland
19544	Davidson	Home Care Solutions, Inc	Home	Cumberland
71084	Putnam	Intrepid USA Healthcare Services	Home	Cumberland
89064	Warren	Intrepid USA Healthcare Services	Home	Cumberland
75024	Rutherford	NHC Homecare	Home	Cumberland
25044	Fentress	Quality Home Health	Home	Cumberland
25034	Fentress	Quality Private Duty Care	Home	Cumberland
		<b>Cumberland County Total Agencies</b>	<b>20</b>	
26054	Franklin	Amedisys Home Care	Home	DeKalb
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	DeKalb
75064	Rutherford	Amedisys Home Health Care	Home	DeKalb
95084	Wilson	American National Home Health	Home	DeKalb



**Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(Alphabetically Listed)**

Health Statistics ID	Agency County	Agency	Type	Patient County
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	DeKalb
19504	Davidson	Brookdale Home Health Nashville	Home	DeKalb
19724	Davidson	Careall	Home	DeKalb
89074	Warren	Careall Home Care Services	Home	DeKalb
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	DeKalb
19734	Davidson	Coram CVS Specialty Infusion Services	Home	DeKalb
14024	Clay	Cumberland River Homecare	Home	DeKalb
52024	Lincoln	Deaconess Homecare	Home	DeKalb
95034	Wilson	Deaconess Homecare I	Home	DeKalb
19494	Davidson	Elk Valley Health Services Inc	Home	DeKalb
89084	Warren	Friendship Home Health, Inc.	Home	DeKalb
95074	Wilson	Gentiva Health Services	Home	DeKalb
71014	Putnam	Highland Rim Home Health Agency	Home	DeKalb
80064	Smith	Highpoint Homecare	Home	DeKalb
19544	Davidson	Home Care Solutions, Inc	Home	DeKalb
19584	Davidson	Home Health Care of Middle Tennessee	Home	DeKalb
19364	Davidson	Intrepid USA Healthcare Services	Home	DeKalb
71084	Putnam	Intrepid USA Healthcare Services	Home	DeKalb
89064	Warren	Intrepid USA Healthcare Services	Home	DeKalb
75024	Rutherford	NHC Homecare	Home	DeKalb
16034	Coffee	Suncrest Home Health	Home	DeKalb
21024	DeKalb	Suncrest Home Health	Home	DeKalb
19394	Davidson	Vanderbilt Community & Home Services	Home	DeKalb
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	DeKalb
19694	Davidson	Willowbrook Home Health Care Agency	Home	DeKalb
		<b>DeKalb County Total Agencies</b>	<b>29</b>	
33103	Hamilton	Amedisys Home Health	Home	Fentress
67024	Overton	Amedisys Home Health	Home	Fentress
47202	Knox	Amedisys Home Health Care	Home	Fentress
14024	Clay	Cumberland River Homecare	Home	Fentress
52024	Lincoln	Deaconess Homecare	Home	Fentress
76032	Scott	Deaconess Homecare	Home	Fentress
19494	Davidson	Elk Valley Health Services Inc	Home	Fentress
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Fentress
71014	Putnam	Highland Rim Home Health Agency	Home	Fentress
19544	Davidson	Home Care Solutions, Inc	Home	Fentress
71084	Putnam	Intrepid USA Healthcare Services	Home	Fentress
75024	Rutherford	NHC Homecare	Home	Fentress
25044	Fentress	Quality Home Health	Home	Fentress
25034	Fentress	Quality Private Duty Care	Home	Fentress
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Fentress
		<b>Fentress County Total Agencies</b>	<b>15</b>	
26054	Franklin	Amedisys Home Care	Home	Franklin
75064	Rutherford	Amedisys Home Health Care	Home	Franklin
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Franklin
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Franklin
33383	Hamilton	Continuicare Healthservices, Inc II	Home	Franklin
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Franklin
52024	Lincoln	Deaconess Homecare	Home	Franklin
19494	Davidson	Elk Valley Health Services Inc	Home	Franklin
89084	Warren	Friendship Home Health, Inc.	Home	Franklin
16024	Coffee	Gentiva Health Services	Home	Franklin
33093	Hamilton	Gentiva Health Services	Home	Franklin
02024	Bedford	Heritage Home Health	Home	Franklin
19544	Davidson	Home Care Solutions, Inc	Home	Franklin
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Franklin
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Franklin
16034	Coffee	Suncrest Home Health	Home	Franklin
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Franklin
19694	Davidson	Willowbrook Home Health Care Agency	Home	Franklin
		<b>Franklin County Total Agencies</b>	<b>18</b>	
26054	Franklin	Amedisys Home Care	Home	Giles
75064	Rutherford	Amedisys Home Health Care	Home	Giles



Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties (Alphabetically Listed)				
Health Statistics ID	Agency County	Agency	Type	Patient County
60074	Maury	Careall Homecare Services	Home	Giles
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Giles
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Giles
52024	Lincoln	Deaconess Homecare	Home	Giles
19494	Davidson	Elk Valley Health Services Inc	Home	Giles
19544	Davidson	Home Care Solutions, Inc	Home	Giles
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Giles
60044	Maury	Maury Regional Home Services	Home	Giles
60024	Maury	NHC Homecare	Home	Giles
60084	Maury	Quality First Home Care	Home	Giles
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Giles
19694	Davidson	Willowbrook Home Health Care Agency	Home	Giles
		<b>Giles County Total Agencies</b>	<b>14</b>	
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Humphreys
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Humphreys
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Humphreys
09065	Carroll	Baptist Memorial Home Care & Hospice	Both	Humphreys
60074	Maury	Careall Homecare Services	Home	Humphreys
92025	Weakley	Careall Homecare Services	Home	Humphreys
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Humphreys
19494	Davidson	Elk Valley Health Services Inc	Home	Humphreys
19614	Davidson	Friendship Home Health Agency	Home	Humphreys
94074	Williamson	Guardian Home Care of Nashville, LLC	Home	Humphreys
40075	Henry	Henry County Medical Center Home Health	Home	Humphreys
19544	Davidson	Home Care Solutions, Inc	Home	Humphreys
60024	Maury	NHC Homecare	Home	Humphreys
39035	Henderson	Regional Home Care - Lexington	Home	Humphreys
41034	Hickman	St. Thomas Home Health	Home	Humphreys
03025	Benton	Tennessee Quality Homecare - Northwest	Home	Humphreys
20045	Decatur	Tennessee Quality Homecare - Southwest	Home	Humphreys
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Humphreys
27085	Gibson	Volunteer Home Care, Inc	Home	Humphreys
19694	Davidson	Willowbrook Home Health Care Agency	Home	Humphreys
		<b>Humphreys County Total Agencies</b>	<b>20</b>	
67024	Overton	Amedisys Home Health	Home	Jackson
95084	Wilson	American National Home Health	Home	Jackson
19504	Davidson	Brookdale Home Health Nashville	Home	Jackson
19724	Davidson	Careall	Home	Jackson
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Jackson
14024	Clay	Cumberland River Homecare	Home	Jackson
95034	Wilson	Deaconess Homecare I	Home	Jackson
19494	Davidson	Elk Valley Health Services Inc	Home	Jackson
71014	Putnam	Highland Rim Home Health Agency	Home	Jackson
80064	Smith	Highpoint Homecare	Home	Jackson
19544	Davidson	Home Care Solutions, Inc	Home	Jackson
71084	Putnam	Intrepid USA Healthcare Services	Home	Jackson
89064	Warren	Intrepid USA Healthcare Services	Home	Jackson
75024	Rutherford	NHC Homecare	Home	Jackson
19694	Davidson	Willowbrook Home Health Care Agency	Home	Jackson
		<b>Jackson County Total Agencies</b>	<b>15</b>	
75064	Rutherford	Amedisys Home Health Care	Home	Lawrence
60074	Maury	Careall Homecare Services	Home	Lawrence
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Lawrence
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Lawrence
36025	Hardin	Deaconess Homecare	Home	Lawrence
52024	Lincoln	Deaconess Homecare	Home	Lawrence
19494	Davidson	Elk Valley Health Services Inc	Home	Lawrence
19544	Davidson	Home Care Solutions, Inc	Home	Lawrence
60044	Maury	Maury Regional Home Services	Home	Lawrence
60024	Maury	NHC Homecare	Home	Lawrence
60084	Maury	Quality First Home Care	Home	Lawrence
39035	Henderson	Regional Home Care - Lexington	Home	Lawrence
20045	Decatur	Tennessee Quality Homecare - Southwest	Home	Lawrence
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Lawrence



**Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(Alphabetically Listed)**

Health Statistics ID	Agency County	Agency	Type	Patient County
20055	Decatur	Volunteer Homecare of West Tennessee	Home	Lawrence
19694	Davidson	Willowbrook Home Health Care Agency	Home	Lawrence
		<b>Lawrence County Total Agencies</b>	<b>16</b>	
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Lewis
75064	Rutherford	Amedisys Home Health Care	Home	Lewis
60074	Maury	Careall Homecare Services	Home	Lewis
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Lewis
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Lewis
19494	Davidson	Elk Valley Health Services Inc	Home	Lewis
19544	Davidson	Home Care Solutions, Inc	Home	Lewis
60044	Maury	Maury Regional Home Services	Home	Lewis
60024	Maury	NHC Homecare	Home	Lewis
39035	Henderson	Regional Home Care - Lexington	Home	Lewis
41034	Hickman	St. Thomas Home Health	Home	Lewis
20045	Decatur	Tennessee Quality Homecare - Southwest	Home	Lewis
19394	Davidson	Vanderbilt Community & Home Services	Home	Lewis
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Lewis
20055	Decatur	Volunteer Homecare of West Tennessee	Home	Lewis
19694	Davidson	Willowbrook Home Health Care Agency	Home	Lewis
		<b>Lewis County Total Agencies</b>	<b>16</b>	
26054	Franklin	Amedisys Home Care	Home	Lincoln
75064	Rutherford	Amedisys Home Health Care	Home	Lincoln
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Lincoln
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Lincoln
52024	Lincoln	Deaconess Homecare	Home	Lincoln
19494	Davidson	Elk Valley Health Services Inc	Home	Lincoln
16024	Coffee	Gentiva Health Services	Home	Lincoln
02024	Bedford	Heritage Home Health	Home	Lincoln
19544	Davidson	Home Care Solutions, Inc	Home	Lincoln
89064	Warren	Intrepid USA Healthcare Services	Home	Lincoln
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Lincoln
60024	Maury	NHC Homecare	Home	Lincoln
60084	Maury	Quality First Home Care	Home	Lincoln
16034	Coffee	Suncrest Home Health	Home	Lincoln
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Lincoln
19694	Davidson	Willowbrook Home Health Care Agency	Home	Lincoln
		<b>Lincoln County Total Agencies</b>	<b>16</b>	
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Macon
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Macon
95084	Wilson	American National Home Health	Home	Macon
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Macon
19504	Davidson	Brookdale Home Health Nashville	Home	Macon
19724	Davidson	Careall	Home	Macon
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Macon
14024	Clay	Cumberland River Homecare	Home	Macon
95034	Wilson	Deaconess Homecare I	Home	Macon
19494	Davidson	Elk Valley Health Services Inc	Home	Macon
89084	Warren	Friendship Home Health, Inc.	Home	Macon
95074	Wilson	Gentiva Health Services	Home	Macon
71014	Putnam	Highland Rim Home Health Agency	Home	Macon
80064	Smith	Highpoint Homecare	Home	Macon
83114	Sumner	Highpoint Homecare	Home	Macon
19544	Davidson	Home Care Solutions, Inc	Home	Macon
19584	Davidson	Home Health Care of Middle Tennessee	Home	Macon
19364	Davidson	Intrepid USA Healthcare Services	Home	Macon
74054	Robertson	NHC Homecare	Home	Macon
19324	Davidson	Suncrest Home Health	Home	Macon
19394	Davidson	Vanderbilt Community & Home Services	Home	Macon
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Macon
19694	Davidson	Willowbrook Home Health Care Agency	Home	Macon
		<b>Macon County Total Agencies</b>	<b>23</b>	
26054	Franklin	Amedisys Home Care	Home	Moore



**Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(Alphabetically Listed)**

Health Statistics ID	Agency County	Agency	Type	Patient County
75064	Rutherford	Amedisys Home Health Care	Home	Moore
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Moore
52024	Lincoln	Deaconess Homecare	Home	Moore
19494	Davidson	Elk Valley Health Services Inc	Home	Moore
16024	Coffee	Gentiva Health Services	Home	Moore
02024	Bedford	Heritage Home Health	Home	Moore
19544	Davidson	Home Care Solutions, Inc	Home	Moore
89064	Warren	Intrepid USA Healthcare Services	Home	Moore
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Moore
60024	Maury	NHC Homecare	Home	Moore
16034	Coffee	Suncrest Home Health	Home	Moore
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Moore
19694	Davidson	Willowbrook Home Health Care Agency	Home	Moore
		<b>Moore County Total Agencies</b>	<b>14</b>	
67024	Overton	Amedisys Home Health	Home	Overton
47202	Knox	Amedisys Home Health Care	Home	Overton
19724	Davidson	Careall	Home	Overton
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Overton
14024	Clay	Cumberland River Homecare	Home	Overton
52024	Lincoln	Deaconess Homecare	Home	Overton
19494	Davidson	Elk Valley Health Services Inc	Home	Overton
71014	Putnam	Highland Rim Home Health Agency	Home	Overton
19544	Davidson	Home Care Solutions, Inc	Home	Overton
71084	Putnam	Intrepid USA Healthcare Services	Home	Overton
75024	Rutherford	NHC Homecare	Home	Overton
25044	Fentress	Quality Home Health	Home	Overton
25034	Fentress	Quality Private Duty Care	Home	Overton
19694	Davidson	Willowbrook Home Health Care Agency	Home	Overton
		<b>Overton County Total Agencies</b>	<b>14</b>	
67024	Overton	Amedisys Home Health	Home	Pickett
47202	Knox	Amedisys Home Health Care	Home	Pickett
14024	Clay	Cumberland River Homecare	Home	Pickett
76032	Scott	Deaconess Homecare	Home	Pickett
19494	Davidson	Elk Valley Health Services Inc	Home	Pickett
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Pickett
71014	Putnam	Highland Rim Home Health Agency	Home	Pickett
19544	Davidson	Home Care Solutions, Inc	Home	Pickett
71084	Putnam	Intrepid USA Healthcare Services	Home	Pickett
75024	Rutherford	NHC Homecare	Home	Pickett
25044	Fentress	Quality Home Health	Home	Pickett
25034	Fentress	Quality Private Duty Care	Home	Pickett
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Pickett
		<b>Pickett County Total Agencies</b>	<b>13</b>	
67024	Overton	Amedisys Home Health	Home	Putnam
95084	Wilson	American National Home Health	Home	Putnam
19504	Davidson	Brookdale Home Health Nashville	Home	Putnam
19724	Davidson	Careall	Home	Putnam
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Putnam
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Putnam
14024	Clay	Cumberland River Homecare	Home	Putnam
52024	Lincoln	Deaconess Homecare	Home	Putnam
95034	Wilson	Deaconess Homecare I	Home	Putnam
19494	Davidson	Elk Valley Health Services Inc	Home	Putnam
19084	Davidson	Gentiva Health Services	Home	Putnam
71014	Putnam	Highland Rim Home Health Agency	Home	Putnam
80064	Smith	Highpoint Homecare	Home	Putnam
19544	Davidson	Home Care Solutions, Inc	Home	Putnam
71084	Putnam	Intrepid USA Healthcare Services	Home	Putnam
75024	Rutherford	NHC Homecare	Home	Putnam
25044	Fentress	Quality Home Health	Home	Putnam
21024	DeKalb	Suncrest Home Health	Home	Putnam
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Putnam
19694	Davidson	Willowbrook Home Health Care Agency	Home	Putnam
		<b>Putnam County Total Agencies</b>	<b>20</b>	



**Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(Alphabetically Listed)**

Health Statistics ID	Agency County	Agency	Type	Patient County
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Smith
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Smith
19684	Davidson	Amedisys Home Health Services	Home	Smith
95084	Wilson	American National Home Health	Home	Smith
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Smith
19504	Davidson	Brookdale Home Health Nashville	Home	Smith
19724	Davidson	Careall	Home	Smith
89074	Warren	Careall Home Care Services	Home	Smith
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Smith
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Smith
95034	Wilson	Deaconess Homecare I	Home	Smith
19494	Davidson	Elk Valley Health Services Inc	Home	Smith
89084	Warren	Friendship Home Health, Inc.	Home	Smith
95074	Wilson	Gentiva Health Services	Home	Smith
71014	Putnam	Highland Rim Home Health Agency	Home	Smith
80064	Smith	Highpoint Homecare	Home	Smith
83114	Sumner	Highpoint Homecare	Home	Smith
19544	Davidson	Home Care Solutions, Inc	Home	Smith
19364	Davidson	Intrepid USA Healthcare Services	Home	Smith
75024	Rutherford	NHC Homecare	Home	Smith
19324	Davidson	Suncrest Home Health	Home	Smith
21024	DeKalb	Suncrest Home Health	Home	Smith
19394	Davidson	Vanderbilt Community & Home Services	Home	Smith
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Smith
19694	Davidson	Willowbrook Home Health Care Agency	Home	Smith
		<b>Smith County Total Agencies</b>	<b>25</b>	
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Stewart
92025	Weakley	Careall Homecare Services	Home	Stewart
19494	Davidson	Elk Valley Health Services Inc	Home	Stewart
63034	Montgomery	Gateway Home Health Clarksville	Home	Stewart
94074	Williamson	Guardian Home Care of Nashville, LLC	Home	Stewart
40075	Henry	Henry County Medical Center Home Health	Home	Stewart
19544	Davidson	Home Care Solutions, Inc	Home	Stewart
60024	Maury	NHC Homecare	Home	Stewart
63044	Montgomery	Suncrest Home Health of Nashville, Inc.	Home	Stewart
03025	Benton	Tennessee Quality Homecare - Northwest	Home	Stewart
27085	Gibson	Volunteer Home Care, Inc	Home	Stewart
19694	Davidson	Willowbrook Home Health Care Agency	Home	Stewart
		<b>Stewart County Total Agencies</b>	<b>12</b>	
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Trousdale
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Trousdale
95084	Wilson	American National Home Health	Home	Trousdale
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Trousdale
19504	Davidson	Brookdale Home Health Nashville	Home	Trousdale
19724	Davidson	Careall	Home	Trousdale
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Trousdale
95034	Wilson	Deaconess Homecare I	Home	Trousdale
19494	Davidson	Elk Valley Health Services Inc	Home	Trousdale
89084	Warren	Friendship Home Health, Inc.	Home	Trousdale
19084	Davidson	Gentiva Health Services	Home	Trousdale
95074	Wilson	Gentiva Health Services	Home	Trousdale
94074	Williamson	Guardian Home Care of Nashville, LLC	Home	Trousdale
71014	Putnam	Highland Rim Home Health Agency	Home	Trousdale
80064	Smith	Highpoint Homecare	Home	Trousdale
83114	Sumner	Highpoint Homecare	Home	Trousdale
19544	Davidson	Home Care Solutions, Inc	Home	Trousdale
19584	Davidson	Home Health Care of Middle Tennessee	Home	Trousdale
19364	Davidson	Intrepid USA Healthcare Services	Home	Trousdale
75024	Rutherford	NHC Homecare	Home	Trousdale
19324	Davidson	Suncrest Home Health	Home	Trousdale
19394	Davidson	Vanderbilt Community & Home Services	Home	Trousdale
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Trousdale
19694	Davidson	Willowbrook Home Health Care Agency	Home	Trousdale
		<b>Trousdale County Total Agencies</b>	<b>24</b>	



**Table Seven-C: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(Alphabetically Listed)**

Health Statistics ID	Agency County	Agency	Type	Patient County
26054	Franklin	Amedisys Home Care	Home	Van Buren
33103	Hamilton	Amedisys Home Health	Home	Van Buren
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Van Buren
19504	Davidson	Brookdale Home Health Nashville	Home	Van Buren
19724	Davidson	Careall	Home	Van Buren
89074	Warren	Careall Home Care Services	Home	Van Buren
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Van Buren
52024	Lincoln	Deaconess Homecare	Home	Van Buren
19494	Davidson	Elk Valley Health Services Inc	Home	Van Buren
89084	Warren	Friendship Home Health, Inc.	Home	Van Buren
19544	Davidson	Home Care Solutions, Inc	Home	Van Buren
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Van Buren
89064	Warren	Intrepid USA Healthcare Services	Home	Van Buren
33253	Hamilton	Memorial Hospital Home Health	Home	Van Buren
33033	Hamilton	NHC Homecare	Home	Van Buren
75024	Rutherford	NHC Homecare	Home	Van Buren
25044	Fentress	Quality Home Health	Home	Van Buren
16034	Coffee	Suncrest Home Health	Home	Van Buren
		<b>Van Buren County Total Agencies</b>	<b>18</b>	
67024	Overton	Amedisys Home Health	Home	White
75064	Rutherford	Amedisys Home Health Care	Home	White
19504	Davidson	Brookdale Home Health Nashville	Home	White
19724	Davidson	Careall	Home	White
89074	Warren	Careall Home Care Services	Home	White
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	White
19734	Davidson	Coram CVS Specialty Infusion Services	Home	White
14024	Clay	Cumberland River Homecare	Home	White
52024	Lincoln	Deaconess Homecare	Home	White
95034	Wilson	Deaconess Homecare I	Home	White
19494	Davidson	Elk Valley Health Services Inc	Home	White
71014	Putnam	Highland Rim Home Health Agency	Home	White
19544	Davidson	Home Care Solutions, Inc	Home	White
71084	Putnam	Intrepid USA Healthcare Services	Home	White
89064	Warren	Intrepid USA Healthcare Services	Home	White
75024	Rutherford	NHC Homecare	Home	White
25044	Fentress	Quality Home Health	Home	White
16034	Coffee	Suncrest Home Health	Home	White
21024	DeKalb	Suncrest Home Health	Home	White
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	White
19694	Davidson	Willowbrook Home Health Care Agency	Home	White
		<b>White County Total Agencies</b>	<b>21</b>	
Source: Department of Health Licensure - 9/12/2014 (Updated by HSDA Registry 4/7/2015)				



**Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(By State ID Number)**

Health Statistics ID	Agency County	Agency	Type	Patient County
16024	Coffee	Gentiva Health Services	Home	Cannon
16034	Coffee	Suncrest Home Health	Home	Cannon
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Cannon
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Cannon
19504	Davidson	Brookdale Home Health Nashville	Home	Cannon
19724	Davidson	Careall	Home	Cannon
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Cannon
19494	Davidson	Elk Valley Health Services Inc	Home	Cannon
19544	Davidson	Home Care Solutions, Inc	Home	Cannon
19584	Davidson	Home Health Care of Middle Tennessee	Home	Cannon
19364	Davidson	Intrepid USA Healthcare Services	Home	Cannon
19394	Davidson	Vanderbilt Community & Home Services	Home	Cannon
19694	Davidson	Willowbrook Home Health Care Agency	Home	Cannon
21024	DeKalb	Suncrest Home Health	Home	Cannon
26054	Franklin	Amedisys Home Care	Home	Cannon
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Cannon
52024	Lincoln	Deaconess Homecare	Home	Cannon
75054	Rutherford	Amedisys Home Health	Home	Cannon
75024	Rutherford	NHC Homecare	Home	Cannon
89074	Warren	Careall Home Care Services	Home	Cannon
89084	Warren	Friendship Home Health, Inc.	Home	Cannon
89064	Warren	Intrepid USA Healthcare Services	Home	Cannon
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Cannon
95034	Wilson	Deaconess Homecare I	Home	Cannon
95074	Wilson	Gentiva Health Services	Home	Cannon
		<b>Cannon County Total Agencies</b>	<b>25</b>	
14024	Clay	Cumberland River Homecare	Home	Clay
19504	Davidson	Brookdale Home Health Nashville	Home	Clay
19724	Davidson	Careall	Home	Clay
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Clay
19494	Davidson	Elk Valley Health Services Inc	Home	Clay
19544	Davidson	Home Care Solutions, Inc	Home	Clay
19694	Davidson	Willowbrook Home Health Care Agency	Home	Clay
67024	Overton	Amedisys Home Health	Home	Clay
71014	Putnam	Highland Rim Home Health Agency	Home	Clay
75024	Rutherford	NHC Homecare	Home	Clay
95034	Wilson	Deaconess Homecare I	Home	Clay
		<b>Clay County Total Agencies</b>	<b>11</b>	
14024	Clay	Cumberland River Homecare	Home	Cumberland
19724	Davidson	Careall	Home	Cumberland
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Cumberland
19494	Davidson	Elk Valley Health Services Inc	Home	Cumberland
19544	Davidson	Home Care Solutions, Inc	Home	Cumberland
25044	Fentress	Quality Home Health	Home	Cumberland
25034	Fentress	Quality Private Duty Care	Home	Cumberland
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Cumberland
33103	Hamilton	Amedisys Home Health	Home	Cumberland
47202	Knox	Amedisys Home Health Care	Home	Cumberland
47062	Knox	Camellia Home Health of East Tennessee	Home	Cumberland
47402	Knox	Covenant Homecare	Home	Cumberland
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Cumberland
52024	Lincoln	Deaconess Homecare	Home	Cumberland
67024	Overton	Amedisys Home Health	Home	Cumberland
71014	Putnam	Highland Rim Home Health Agency	Home	Cumberland
71084	Putnam	Intrepid USA Healthcare Services	Home	Cumberland
75024	Rutherford	NHC Homecare	Home	Cumberland
89064	Warren	Intrepid USA Healthcare Services	Home	Cumberland
95034	Wilson	Deaconess Homecare I	Home	Cumberland
		<b>Cumberland County Total Agencies</b>	<b>20</b>	
14024	Clay	Cumberland River Homecare	Home	DeKalb
16034	Coffee	Suncrest Home Health	Home	DeKalb
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	DeKalb
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	DeKalb



**Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(By State ID Number)**

Health Statistics ID	Agency County	Agency	Type	Patient County
19504	Davidson	Brookdale Home Health Nashville	Home	DeKalb
19724	Davidson	Careall	Home	DeKalb
19734	Davidson	Coram CVS Specialty Infusion Services	Home	DeKalb
19494	Davidson	Elk Valley Health Services Inc	Home	DeKalb
19544	Davidson	Home Care Solutions, Inc	Home	DeKalb
19584	Davidson	Home Health Care of Middle Tennessee	Home	DeKalb
19364	Davidson	Intrepid USA Healthcare Services	Home	DeKalb
19394	Davidson	Vanderbilt Community & Home Services	Home	DeKalb
19694	Davidson	Willowbrook Home Health Care Agency	Home	DeKalb
21024	DeKalb	Suncrest Home Health	Home	DeKalb
26054	Franklin	Amedisys Home Care	Home	DeKalb
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	DeKalb
52024	Lincoln	Deaconess Homecare	Home	DeKalb
71014	Putnam	Highland Rim Home Health Agency	Home	DeKalb
71084	Putnam	Intrepid USA Healthcare Services	Home	DeKalb
75064	Rutherford	Amedisys Home Health Care	Home	DeKalb
75024	Rutherford	NHC Homecare	Home	DeKalb
80064	Smith	Highpoint Homecare	Home	DeKalb
89074	Warren	Careall Home Care Services	Home	DeKalb
89084	Warren	Friendship Home Health, Inc.	Home	DeKalb
89064	Warren	Intrepid USA Healthcare Services	Home	DeKalb
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	DeKalb
95084	Wilson	American National Home Health	Home	DeKalb
95034	Wilson	Deaconess Homecare I	Home	DeKalb
95074	Wilson	Gentiva Health Services	Home	DeKalb
		<b>DeKalb County Total Agencies</b>	<b>29</b>	
14024	Clay	Cumberland River Homecare	Home	Fentress
19494	Davidson	Elk Valley Health Services Inc	Home	Fentress
19544	Davidson	Home Care Solutions, Inc	Home	Fentress
25044	Fentress	Quality Home Health	Home	Fentress
25034	Fentress	Quality Private Duty Care	Home	Fentress
32122	Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Fentress
33103	Hamilton	Amedisys Home Health	Home	Fentress
47202	Knox	Amedisys Home Health Care	Home	Fentress
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Fentress
52024	Lincoln	Deaconess Homecare	Home	Fentress
67024	Overton	Amedisys Home Health	Home	Fentress
71014	Putnam	Highland Rim Home Health Agency	Home	Fentress
71084	Putnam	Intrepid USA Healthcare Services	Home	Fentress
75024	Rutherford	NHC Homecare	Home	Fentress
76032	Scott	Deaconess Homecare	Home	Fentress
		<b>Fentress County Total Agencies</b>	<b>15</b>	
02024	Bedford	Heritage Home Health	Home	Franklin
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Franklin
16024	Coffee	Gentiva Health Services	Home	Franklin
16034	Coffee	Suncrest Home Health	Home	Franklin
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Franklin
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Franklin
19494	Davidson	Elk Valley Health Services Inc	Home	Franklin
19544	Davidson	Home Care Solutions, Inc	Home	Franklin
19694	Davidson	Willowbrook Home Health Care Agency	Home	Franklin
26054	Franklin	Amedisys Home Care	Home	Franklin
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Franklin
33383	Hamilton	Continuare Healthservices, Inc II	Home	Franklin
33093	Hamilton	Gentiva Health Services	Home	Franklin
52024	Lincoln	Deaconess Homecare	Home	Franklin
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Franklin
75064	Rutherford	Amedisys Home Health Care	Home	Franklin
89084	Warren	Friendship Home Health, Inc.	Home	Franklin
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Franklin
		<b>Franklin County Total Agencies</b>	<b>18</b>	
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Giles
19494	Davidson	Elk Valley Health Services Inc	Home	Giles



**Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(By State ID Number)**

Health Statistics ID	Agency County	Agency	Type	Patient County
19544	Davidson	Home Care Solutions, Inc	Home	Giles
19694	Davidson	Willowbrook Home Health Care Agency	Home	Giles
26054	Franklin	Amedisys Home Care	Home	Giles
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Giles
52024	Lincoln	Deaconess Homecare	Home	Giles
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Giles
60074	Maury	Careall Homecare Services	Home	Giles
60044	Maury	Maury Regional Home Services	Home	Giles
60024	Maury	NHC Homecare	Home	Giles
60084	Maury	Quality First Home Care	Home	Giles
75064	Rutherford	Amedisys Home Health Care	Home	Giles
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Giles
		<b>Giles County Total Agencies</b>	<b>14</b>	
03025	Benton	Tennessee Quality Homecare - Northwest	Home	Humphreys
09065	Carroll	Baptist Memorial Home Care & Hospice	Both	Humphreys
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Humphreys
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Humphreys
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Humphreys
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Humphreys
19494	Davidson	Elk Valley Health Services Inc	Home	Humphreys
19614	Davidson	Friendship Home Health Agency	Home	Humphreys
19544	Davidson	Home Care Solutions, Inc	Home	Humphreys
19694	Davidson	Willowbrook Home Health Care Agency	Home	Humphreys
20045	Decatur	Tennessee Quality Homecare - Southwest	Home	Humphreys
27085	Gibson	Volunteer Home Care, Inc	Home	Humphreys
39035	Henderson	Regional Home Care - Lexington	Home	Humphreys
40075	Henry	Henry County Medical Center Home Health	Home	Humphreys
41034	Hickman	St. Thomas Home Health	Home	Humphreys
60074	Maury	Careall Homecare Services	Home	Humphreys
60024	Maury	NHC Homecare	Home	Humphreys
92025	Weakley	Careall Homecare Services	Home	Humphreys
94074	Williamson	Guardlan Home Care of Nashville, LLC	Home	Humphreys
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Humphreys
		<b>Humphreys County Total Agencies</b>	<b>20</b>	
14024	Clay	Cumberland River Homecare	Home	Jackson
19504	Davidson	Brookdale Home Health Nashville	Home	Jackson
19724	Davidson	Careall	Home	Jackson
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Jackson
19494	Davidson	Elk Valley Health Services Inc	Home	Jackson
19544	Davidson	Home Care Solutions, Inc	Home	Jackson
19694	Davidson	Willowbrook Home Health Care Agency	Home	Jackson
67024	Overton	Amedisys Home Health	Home	Jackson
71014	Putnam	Highland Rim Home Health Agency	Home	Jackson
71084	Putnam	Intrepid USA Healthcare Services	Home	Jackson
75024	Rutherford	NHC Homecare	Home	Jackson
80064	Smith	Highpoint Homecare	Home	Jackson
89064	Warren	Intrepid USA Healthcare Services	Home	Jackson
95084	Wilson	American National Home Health	Home	Jackson
95034	Wilson	Deaconess Homecare I	Home	Jackson
		<b>Jackson County Total Agencies</b>	<b>15</b>	
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Lawrence
19494	Davidson	Elk Valley Health Services Inc	Home	Lawrence
19544	Davidson	Home Care Solutions, Inc	Home	Lawrence
19694	Davidson	Willowbrook Home Health Care Agency	Home	Lawrence
20045	Decatur	Tennessee Quality Homecare - Southwest	Home	Lawrence
20055	Decatur	Volunteer Homecare of West Tennessee	Home	Lawrence
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Lawrence
36025	Hardin	Deaconess Homecare	Home	Lawrence
39035	Henderson	Regional Home Care - Lexington	Home	Lawrence
52024	Lincoln	Deaconess Homecare	Home	Lawrence
60074	Maury	Careall Homecare Services	Home	Lawrence
60044	Maury	Maury Regional Home Services	Home	Lawrence
60024	Maury	NHC Homecare	Home	Lawrence
60084	Maury	Quality First Home Care	Home	Lawrence



**Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(By State ID Number)**

Health Statistics ID	Agency County	Agency	Type	Patient County
75064	Rutherford	Amedisys Home Health Care	Home	Lawrence
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Lawrence
		<b>Lawrence County Total Agencies</b>	<b>16</b>	
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Lewis
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Lewis
19494	Davidson	Elk Valley Health Services Inc	Home	Lewis
19544	Davidson	Home Care Solutions, Inc	Home	Lewis
19394	Davidson	Vanderbilt Community & Home Services	Home	Lewis
19694	Davidson	Willowbrook Home Health Care Agency	Home	Lewis
20045	Decatur	Tennessee Quality Homecare - Southwest	Home	Lewis
20055	Decatur	Volunteer Homecare of West Tennessee	Home	Lewis
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Lewis
39035	Henderson	Regional Home Care - Lexington	Home	Lewis
41034	Hickman	St. Thomas Home Health	Home	Lewis
60074	Maury	Careall Homecare Services	Home	Lewis
60044	Maury	Maury Regional Home Services	Home	Lewis
60024	Maury	NHC Homecare	Home	Lewis
75064	Rutherford	Amedisys Home Health Care	Home	Lewis
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Lewis
		<b>Lewis County Total Agencies</b>	<b>16</b>	
02024	Bedford	Heritage Home Health	Home	Lincoln
16024	Coffee	Gentiva Health Services	Home	Lincoln
16034	Coffee	Suncrest Home Health	Home	Lincoln
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Lincoln
19494	Davidson	Elk Valley Health Services Inc	Home	Lincoln
19544	Davidson	Home Care Solutions, Inc	Home	Lincoln
19694	Davidson	Willowbrook Home Health Care Agency	Home	Lincoln
26054	Franklin	Amedisys Home Care	Home	Lincoln
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Lincoln
52024	Lincoln	Deaconess Homecare	Home	Lincoln
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Lincoln
60024	Maury	NHC Homecare	Home	Lincoln
60084	Maury	Quality First Home Care	Home	Lincoln
75064	Rutherford	Amedisys Home Health Care	Home	Lincoln
89064	Warren	Intrepid USA Healthcare Services	Home	Lincoln
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Lincoln
		<b>Lincoln County Total Agencies</b>	<b>16</b>	
14024	Clay	Cumberland River Homecare	Home	Macon
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Macon
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Macon
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Macon
19504	Davidson	Brookdale Home Health Nashville	Home	Macon
19724	Davidson	Careall	Home	Macon
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Macon
19494	Davidson	Elk Valley Health Services Inc	Home	Macon
19544	Davidson	Home Care Solutions, Inc	Home	Macon
19584	Davidson	Home Health Care of Middle Tennessee	Home	Macon
19364	Davidson	Intrepid USA Healthcare Services	Home	Macon
19324	Davidson	Suncrest Home Health	Home	Macon
19394	Davidson	Vanderbilt Community & Home Services	Home	Macon
19694	Davidson	Willowbrook Home Health Care Agency	Home	Macon
71014	Putnam	Highland Rim Home Health Agency	Home	Macon
74054	Robertson	NHC Homecare	Home	Macon
80064	Smith	Highpoint Homecare	Home	Macon
83114	Sumner	Highpoint Homecare	Home	Macon
89084	Warren	Friendship Home Health, Inc.	Home	Macon
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Macon
95084	Wilson	American National Home Health	Home	Macon
95034	Wilson	Deaconess Homecare I	Home	Macon
95074	Wilson	Gentiva Health Services	Home	Macon
		<b>Macon County Total Agencies</b>	<b>23</b>	
02024	Bedford	Heritage Home Health	Home	Moore



**Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(By State ID Number)**

Health Statistics ID	Agency County	Agency	Type	Patient County
16024	Coffee	Gentiva Health Services	Home	Moore
16034	Coffee	Suncrest Home Health	Home	Moore
19494	Davidson	Elk Valley Health Services Inc	Home	Moore
19544	Davidson	Home Care Solutions, Inc	Home	Moore
19694	Davidson	Willowbrook Home Health Care Agency	Home	Moore
26054	Franklin	Amedisys Home Care	Home	Moore
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Moore
52024	Lincoln	Deaconess Homecare	Home	Moore
52044	Lincoln	Lincoln Medical Home Health & Hospice	Both	Moore
60024	Maury	NHC Homecare	Home	Moore
75064	Rutherford	Amedisys Home Health Care	Home	Moore
89064	Warren	Intrepid USA Healthcare Services	Home	Moore
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Moore
		<b>Moore County Total Agencies</b>	<b>14</b>	
14024	Clay	Cumberland River Homecare	Home	Overton
19724	Davidson	Careall	Home	Overton
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Overton
19494	Davidson	Elk Valley Health Services Inc	Home	Overton
19544	Davidson	Home Care Solutions, Inc	Home	Overton
19694	Davidson	Willowbrook Home Health Care Agency	Home	Overton
25044	Fentress	Quality Home Health	Home	Overton
25034	Fentress	Quality Private Duty Care	Home	Overton
47202	Knox	Amedisys Home Health Care	Home	Overton
52024	Lincoln	Deaconess Homecare	Home	Overton
67024	Overton	Amedisys Home Health	Home	Overton
71014	Putnam	Highland Rim Home Health Agency	Home	Overton
71084	Putnam	Intrepid USA Healthcare Services	Home	Overton
75024	Rutherford	NHC Homecare	Home	Overton
		<b>Overton County Total Agencies</b>	<b>14</b>	
14024	Clay	Cumberland River Homecare	Home	Pickett
19494	Davidson	Elk Valley Health Services Inc	Home	Pickett
19544	Davidson	Home Care Solutions, Inc	Home	Pickett
25044	Fentress	Quality Home Health	Home	Pickett
25034	Fentress	Quality Private Duty Care	Home	Pickett
32122	Hamblen	Unlv. of TN Med. Ctr Home Health/Hospice Service	Both	Pickett
47202	Knox	Amedisys Home Health Care	Home	Pickett
47182	Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Pickett
67024	Overton	Amedisys Home Health	Home	Pickett
71014	Putnam	Highland Rim Home Health Agency	Home	Pickett
71084	Putnam	Intrepid USA Healthcare Services	Home	Pickett
75024	Rutherford	NHC Homecare	Home	Pickett
76032	Scott	Deaconess Homecare	Home	Pickett
		<b>Pickett County Total Agencies</b>	<b>13</b>	
14024	Clay	Cumberland River Homecare	Home	Putnam
19504	Davidson	Brookdale Home Health Nashville	Home	Putnam
19724	Davidson	Careall	Home	Putnam
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Putnam
19494	Davidson	Elk Valley Health Services Inc	Home	Putnam
19084	Davidson	Gentiva Health Services	Home	Putnam
19544	Davidson	Home Care Solutions, Inc	Home	Putnam
19694	Davidson	Willowbrook Home Health Care Agency	Home	Putnam
21024	DeKalb	Suncrest Home Health	Home	Putnam
25044	Fentress	Quality Home Health	Home	Putnam
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Putnam
52024	Lincoln	Deaconess Homecare	Home	Putnam
67024	Overton	Amedisys Home Health	Home	Putnam
71014	Putnam	Highland Rim Home Health Agency	Home	Putnam
71084	Putnam	Intrepid USA Healthcare Services	Home	Putnam
75024	Rutherford	NHC Homecare	Home	Putnam
80064	Smith	Highpoint Homecare	Home	Putnam
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Putnam
95084	Wilson	American National Home Health	Home	Putnam
95034	Wilson	Deaconess Homecare I	Home	Putnam
		<b>Putnam County Total Agencies</b>	<b>20</b>	



Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties (By State ID Number)				
Health Statistics ID	Agency County	Agency	Type	Patient County
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Smith
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Smith
19684	Davidson	Amedisys Home Health Services	Home	Smith
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Smith
19504	Davidson	Brookdale Home Health Nashville	Home	Smith
19724	Davidson	Careall	Home	Smith
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Smith
19494	Davidson	Elk Valley Health Services Inc	Home	Smith
19544	Davidson	Home Care Solutions, Inc	Home	Smith
19364	Davidson	Intrepid USA Healthcare Services	Home	Smith
19324	Davidson	Suncrest Home Health	Home	Smith
19394	Davidson	Vanderbilt Community & Home Services	Home	Smith
19694	Davidson	Willowbrook Home Health Care Agency	Home	Smith
21024	DeKalb	Suncrest Home Health	Home	Smith
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Smith
71014	Putnam	Highland Rim Home Health Agency	Home	Smith
75024	Rutherford	NHC Homecare	Home	Smith
80064	Smith	Highpoint Homecare	Home	Smith
83114	Sumner	Highpoint Homecare	Home	Smith
89074	Warren	Careall Home Care Services	Home	Smith
89084	Warren	Friendship Home Health, Inc.	Home	Smith
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Smith
95084	Wilson	American National Home Health	Home	Smith
95034	Wilson	Deaconess Homecare I	Home	Smith
95074	Wilson	Gentiva Health Services	Home	Smith
		<b>Smith County Total Agencies</b>	<b>25</b>	
03025	Benton	Tennessee Quality Homecare - Northwest	Home	Stewart
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Stewart
19494	Davidson	Elk Valley Health Services Inc	Home	Stewart
19544	Davidson	Home Care Solutions, Inc	Home	Stewart
19694	Davidson	Willowbrook Home Health Care Agency	Home	Stewart
27085	Gibson	Volunteer Home Care, Inc	Home	Stewart
40075	Henry	Henry County Medical Center Home Health	Home	Stewart
60024	Maury	NHC Homecare	Home	Stewart
63034	Montgomery	Gateway Home Health Clarksville	Home	Stewart
63044	Montgomery	Suncrest Home Health of Nashville, Inc.	Home	Stewart
92025	Weakley	Careall Homecare Services	Home	Stewart
94074	Williamson	Guardian Home Care of Nashville, LLC	Home	Stewart
		<b>Stewart County Total Agencies</b>	<b>12</b>	
19674	Davidson	Amedisys Home Health (Cumberland Bend)	Home	Trousdale
19024	Davidson	Amedisys Home Health (Glen Echo Rd)	Home	Trousdale
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Trousdale
19504	Davidson	Brookdale Home Health Nashville	Home	Trousdale
19724	Davidson	Careall	Home	Trousdale
19734	Davidson	Coram CVS Specialty Infusion Services	Home	Trousdale
19494	Davidson	Elk Valley Health Services Inc	Home	Trousdale
19084	Davidson	Gentiva Health Services	Home	Trousdale
19544	Davidson	Home Care Solutions, Inc	Home	Trousdale
19584	Davidson	Home Health Care of Middle Tennessee	Home	Trousdale
19364	Davidson	Intrepid USA Healthcare Services	Home	Trousdale
19324	Davidson	Suncrest Home Health	Home	Trousdale
19394	Davidson	Vanderbilt Community & Home Services	Home	Trousdale
19694	Davidson	Willowbrook Home Health Care Agency	Home	Trousdale
71014	Putnam	Highland Rim Home Health Agency	Home	Trousdale
75024	Rutherford	NHC Homecare	Home	Trousdale
80064	Smith	Highpoint Homecare	Home	Trousdale
83114	Sumner	Highpoint Homecare	Home	Trousdale
89084	Warren	Friendship Home Health, Inc.	Home	Trousdale
94074	Williamson	Guardian Home Care of Nashville, LLC	Home	Trousdale
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Trousdale
95084	Wilson	American National Home Health	Home	Trousdale
95034	Wilson	Deaconess Homecare I	Home	Trousdale
95074	Wilson	Gentiva Health Services	Home	Trousdale
		<b>Trousdale County Total Agencies</b>	<b>24</b>	



**Table Seven-D: Home Health Agencies Licensed To Serve Alere/Davidson's Requested Counties  
(By State ID Number)**

Health Statistics ID	Agency County	Agency	Type	Patient County
06063	Bradley	Home Health Care of East Tennessee, Inc	Both	Van Buren
16034	Coffee	Suncrest Home Health	Home	Van Buren
19714	Davidson	Angel Private Duty and Home Health, Inc.	Home	Van Buren
19504	Davidson	Brookdale Home Health Nashville	Home	Van Buren
19724	Davidson	Careall	Home	Van Buren
19494	Davidson	Elk Valley Health Services Inc	Home	Van Buren
19544	Davidson	Home Care Solutions, Inc	Home	Van Buren
25044	Fentress	Quality Home Health	Home	Van Buren
26054	Franklin	Amedsys Home Care	Home	Van Buren
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Van Buren
33103	Hamilton	Amedsys Home Health	Home	Van Buren
33253	Hamilton	Memorial Hospital Home Health	Home	Van Buren
33033	Hamilton	NHC Homecare	Home	Van Buren
52024	Lincoln	Deaconess Homecare	Home	Van Buren
75024	Rutherford	NHC Homecare	Home	Van Buren
89074	Warren	Careall Home Care Services	Home	Van Buren
89084	Warren	Friendship Home Health, Inc.	Home	Van Buren
89064	Warren	Intrepid USA Healthcare Services	Home	Van Buren
		<b>Van Buren County Total Agencies</b>	<b>18</b>	
14024	Clay	Cumberland River Homecare	Home	White
16034	Coffee	Suncrest Home Health	Home	White
19504	Davidson	Brookdale Home Health Nashville	Home	White
19724	Davidson	Careall	Home	White
19734	Davidson	Coram CVS Specialty Infusion Services	Home	White
19494	Davidson	Elk Valley Health Services Inc	Home	White
19544	Davidson	Home Care Solutions, Inc	Home	White
19694	Davidson	Willowbrook Home Health Care Agency	Home	White
21024	DeKalb	Suncrest Home Health	Home	White
25044	Fentress	Quality Home Health	Home	White
26024	Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	White
52024	Lincoln	Deaconess Homecare	Home	White
67024	Overton	Amedsys Home Health	Home	White
71014	Putnam	Highland Rim Home Health Agency	Home	White
71084	Putnam	Intrepid USA Healthcare Services	Home	White
75064	Rutherford	Amedsys Home Health Care	Home	White
75024	Rutherford	NHC Homecare	Home	White
89074	Warren	Careall Home Care Services	Home	White
89064	Warren	Intrepid USA Healthcare Services	Home	White
94084	Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	White
95034	Wilson	Deaconess Homecare I	Home	White
		<b>White County Total Agencies</b>	<b>21</b>	

Source: Department of Health Licensure - 9/12/2014 (Updated by HSDA Registry 4/7/2015)







S Chip Report for April 2015

MCO	REGION	Total
AMERIGROUP COMMUNITY CARE		389,230
BLUECARE	East Tennessee	188,407
BLUECARE	Middle Tennessee	146,832
BLUECARE	West Tennessee	146,715
UnitedHealthcare Community Plan	East Tennessee	168,046
UnitedHealthcare Community Plan	Middle Tennessee	161,502
UnitedHealthcare Community Plan	West Tennessee	138,204
TENNCARE SELECT HIGH	All	49,418
TENNCARE SELECT LOW	All	10,348
Awaiting MCO assignment		305
<b>Grand Total</b>		<b>1,399,007</b>

COUNTY	Female				Male				Male Total	Grand Total
	0 - 18	19 - 20	21 - 64	65 ->	0 - 18	19 - 20	21 - 64	65 ->		
ANDERSON	4,132	334	4,102	604	9,172	4,299	280	1,931	264	15,946
BEDFORD	3,653	258	2,840	242	6,993	3,840	191	1,163	113	12,300
BENTON	967	93	1,033	139	2,232	1,029	87	535	71	3,954
BLED SOE	782	83	755	118	1,738	889	62	425	58	3,172
BLOUNT	5,813	501	5,589	650	12,553	5,900	339	2,490	288	21,570
BRADELY	5,893	473	5,531	676	12,373	5,979	333	2,400	271	21,356
CAMPBELL	2,829	308	3,536	656	7,329	2,973	213	1,931	381	12,827
CANNON	724	65	763	139	1,691	779	67	341	52	2,930
CARROLL	1,764	178	2,001	327	4,270	1,963	147	1,020	136	7,536
CARTER	3,112	291	3,287	717	7,407	3,272	216	1,674	265	12,834
CHEATHAM	1,927	168	1,811	166	4,072	2,038	129	819	78	7,136
CHESTER	1,033	80	987	153	2,253	1,044	69	410	71	3,847
CLAIBORNE	1,999	211	2,360	550	5,120	2,123	171	1,394	250	9,058
CLAY	527	40	530	116	1,213	549	34	323	79	2,198
COCKE	2,714	242	2,935	451	6,342	2,833	175	1,601	214	11,165
COFFE	3,533	312	3,314	389	7,548	3,567	199	1,460	166	12,940
CROCKETT	1,073	80	900	211	2,264	1,047	61	431	77	3,880
CUMBERLAND	3,097	277	3,012	498	6,884	3,259	225	1,473	230	12,071
DAVIDSON	40,886	2,587	34,193	3,351	81,017	42,179	2,045	13,659	1,652	140,552
DECATUR	630	66	692	182	1,570	712	45	379	59	2,765
DEKALB	1,326	95	1,279	203	2,903	1,404	82	660	110	5,159
DICKSON	2,829	249	2,748	298	6,124	3,011	205	1,151	132	10,623
DYER	2,571	284	2,737	436	6,028	2,755	224	1,171	154	10,332
FAYETTE	1,809	135	1,652	311	3,907	1,896	114	723	142	6,782
FENTRESS	1,312	133	1,462	351	3,258	1,436	124	934	188	5,940
FRANKLIN	1,927	180	1,960	263	4,330	2,061	142	910	110	7,553
GIBSON	3,182	291	3,354	597	7,424	3,442	236	1,495	262	12,859
GILES	1,573	137	1,579	225	3,514	1,582	105	762	104	6,067
GRAINGER	1,409	146	1,396	303	3,254	1,427	112	821	141	5,755
GREENE	3,540	335	3,974	718	8,567	3,756	237	1,957	370	14,887
GRUNDY	1,070	120	1,214	220	2,624	1,221	89	688	119	4,741
HAMLEN	4,417	268	3,538	517	8,740	4,483	249	1,533	212	15,217
HAMILTON	17,142	1,337	16,821	2,335	37,635	18,100	1,002	6,796	958	64,491
HANCOCK	500	61	593	145	1,299	589	39	342	70	2,319
HARDMAN	1,734	159	1,833	334	4,043	1,738	130	876	152	6,936
HARDIN	1,664	169	1,832	378	4,043	1,758	140	915	197	7,053
HAWKINS	3,279	298	3,470	608	7,655	3,382	245	1,743	273	13,298
HAYWOOD	1,449	142	1,563	279	3,433	1,594	104	543	114	5,784
HENDERSON	1,766	178	1,836	267	4,047	1,870	148	786	103	6,954
HENRY	1,965	185	2,055	280	4,485	2,121	147	995	93	7,841
HICKMAN	1,472	142	1,551	193	3,358	1,690	123	834	77	6,082
HOUSTON	459	35	505	117	1,116	497	33	253	67	1,966
HUMPHREYS	1,057	91	1,066	168	2,382	1,082	53	508	58	4,083



JUN 15 15 AM 9:48

COUNTY	Female					Male					Grand Total
	19 - 20		21 - 64		65 ->	Female Total		Male		65 ->	
	0 - 18	Total	0 - 18	Total		0 - 18	Total	0 - 18	Total		
JACKSON	648	62	689	133		1,532	689	60	393	95	2,769
JEFFERSON	3,109	243	2,920	477		6,749	3,255	200	1,439	198	11,841
JOHNSON	976	106	1,081	278		2,441	1,065	66	689	153	4,414
KNOX	19,329	1,510	19,172	2,413		42,424	20,195	1,153	8,281	1,074	73,127
LAKE	453	38	606	152		1,249	539	41	269	65	2,163
LAUDERDALE	1,980	188	2,056	309		4,533	2,073	155	863	125	7,749
LAWRENCE	2,577	236	2,502	411		5,726	2,785	157	1,270	152	10,090
LEWIS	770	70	723	127		1,690	756	74	331	57	2,908
LINCOLN	1,940	146	1,783	284		4,153	2,031	121	869	114	7,288
LOUDON	2,373	201	2,040	267		4,881	2,482	110	968	106	8,547
MACON	1,771	158	1,600	250		3,779	1,839	127	796	116	6,657
MADISON	6,499	496	6,536	818		14,349	6,533	383	2,298	329	23,892
MARION	1,761	174	1,889	236		4,060	1,784	119	828	129	6,920
MARSHALL	1,746	119	1,607	169		3,641	1,842	102	668	71	6,324
MAURY	4,834	333	4,453	529		10,149	5,085	270	1,728	189	17,421
MCMINN	2,997	270	3,047	510		6,824	3,188	188	1,406	215	11,821
MCMURRAY	1,732	175	1,965	362		4,234	1,876	137	1,096	186	7,529
MEigs	763	70	791	85		1,709	810	58	408	43	3,028
MONROE	2,785	264	2,848	483		6,380	3,038	191	1,436	230	11,275
MONTGOMERY	8,712	615	8,289	664		18,280	9,062	451	2,847	228	30,868
MOORE	209	19	173	45		446	254	28	80	16	824
MORGAN	1,208	103	1,155	189		2,655	1,278	100	596	99	4,728
OBION	1,984	174	2,063	291		4,512	2,091	108	842	117	7,670
OVERTON	1,204	138	1,223	265		2,830	1,315	113	674	138	5,070
PERRY	540	37	471	77		1,125	521	48	270	35	1,999
PICKETT	252	25	276	86		639	295	27	153	45	1,159
POLK	968	110	1,015	155		2,248	1,033	67	531	71	3,950
PULNAM	4,149	346	4,135	717		9,347	4,313	269	2,169	320	16,418
RHEA	2,334	196	2,169	344		5,043	2,381	167	1,054	135	8,780
ROANE	2,604	230	2,971	512		6,317	2,894	178	1,573	219	11,181
ROBERTSON	3,798	286	2,990	366		7,440	4,025	213	1,199	165	13,042
RUTHERFORD	13,264	1,051	11,070	975		26,360	13,783	744	3,946	413	45,246
SCOTT	1,871	166	2,019	381		4,437	1,987	124	1,095	191	7,834
SEKATCHIE	998	85	999	142		2,224	1,018	74	532	52	3,900
SEVIER	5,394	413	4,574	458		10,839	5,779	311	1,878	163	18,970
SHELBY	74,119	5,729	66,348	6,764		152,960	75,749	4,911	21,455	2,797	257,872
SMITH	1,066	109	1,048	161		2,384	1,092	59	482	64	4,081
STEWART	722	58	767	114		1,661	761	49	381	52	2,904
SULLIVAN	7,791	700	8,568	1,281		18,340	8,265	538	4,225	561	31,929
SUMNER	7,697	603	7,012	768		16,080	8,025	462	2,731	310	27,608
TIPTON	3,653	331	3,370	370		7,724	3,793	285	1,279	132	13,213
TROUSDALE	521	63	481	69		1,134	488	46	225	33	1,926
UNICOI	932	97	992	252		2,273	1,033	70	470	119	3,965
UNION	1,357	129	1,179	159		2,824	1,294	93	672	87	4,970
VAN BUREN	315	32	320	61		728	340	24	176	48	1,316
WARREN	2,818	224	2,685	423		6,150	2,937	169	1,252	194	10,702
WASHINGTON	5,613	480	6,260	947		13,300	5,764	367	2,896	422	22,749
WAYNE	810	66	826	165		1,867	842	80	419	71	3,279
WEAKEY	1,798	182	1,942	311		4,233	1,859	132	926	107	7,257
WHITE	1,720	150	1,711	304		3,885	1,824	118	927	123	6,877
WILLIAMSON	3,185	206	2,548	368		6,307	3,322	201	1,022	141	10,993
WILSON	4,896	359	4,484	467		10,206	5,074	271	1,789	190	17,530
Other	2,481	245	2,773	117		5,616	2,666	164	1,144	82	9,672
Grand Total	376,366	30,433	357,383	46,942		811,124	392,167	23,944	151,201	20,568	1,399,004

Reports include some membership additions that are the result of retroactivity; however, additional retroactivity may still occur. The "Other" county category reflects recipients who are Tennessee residents for which their domicile is temporarily located outside of the state.



## **SUPPORT LETTERS**





## State of Tennessee

### Health Services and Development Agency

Andrew Jackson, 9<sup>th</sup> Floor, 502 Deaderick Street, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

August 1, 2015

John Wellborn, Consultant  
Development Support Group  
4219 Hillsboro Road, Suite 210  
Nashville, TN 37215

RE: Certificate of Need Application -- Alere Women's and Children Health, LLC - CN1506-025

The applicant is a home health organization licensed by the Tennessee Department of Health whose parent office is located at 1926 Hayes Street, Suite 111, Nashville, TN. The project will not change the parent office of the applicant nor will it change the provision of services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs. A wholly owned subsidiary of United Health Group seeks Certificate of Need approval for the addition of 22 counties, including Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White Counties, to its existing 14 county service area approved under Matria Healthcare, Inc., CN9807-043A. The total estimated project cost is \$84,000.00.

Dear Mr. Wellborn:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Trent Sansing at the Tennessee Department of Health for Certificate of Need review by the Division of Policy, Planning and Assessment. You may be contacted by Mr. Sansing or someone from his office for additional clarification while the application is under review by the Department. Mr. Sansing's contact information is [Trent.Sansing@tn.gov](mailto:Trent.Sansing@tn.gov) or 615-253-4702.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on May 1, 2015. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on October 28, 2015.



Mr. Wellborn  
August 1, 2015  
Page 2

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,



Melanie M. Hill  
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA





## State of Tennessee


### Health Services and Development Agency

Andrew Jackson, 9<sup>th</sup> Floor, 502 Deaderick Street, Nashville, TN 37243  
[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Fax: 615-741-9884

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#### MEMORANDUM

TO: Trent Sansing, CON Director  
Office of Policy, Planning and Assessment  
Division of Health Statistics  
Andrew Johnson Tower, 2nd Floor  
710 James Robertson Parkway  
Nashville, Tennessee 37243

FROM:   
Melanie M. Hill  
Executive Director

DATE: August 1, 2015

RE: Certificate of Need Application  
Alere Women's and Children Health, LLC - CN1506-025

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on August 1, 2015 and end on October 1, 2015.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: John Wellborn, Consultant







(n) the *Herald-Citizen*, which is a newspaper of general circulation in Putnam County;

(o) the *Daily News Journal*, which is a newspaper of general circulation in Rutherford County; and

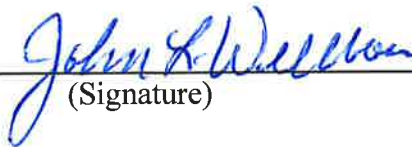
(p) the *Hartsville Vidette*, which is a newspaper of general circulation in Trousdale County.

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This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

 6-9-15

(Signature)

(Date)

jwdsg@comcast.net  
(E-mail Address)



2010-15-2:39

## LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published on or before June 10, 2015, for one day, in the following newspapers:

(a) the *Tennessean*, which is a newspaper of general circulation in Cannon, Clay, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren and White Counties;

(b) the *Southern Standard*, which is a newspaper of general circulation in Cannon, DeKalb, Van Buren, Warren and White Counties;

(c) the *Cannon Courier*, which is a newspaper of general circulation in Cannon County;

(d) the *Dale Hollow Horizon*, which is a newspaper of general circulation in Clay County;

(e) the *Crossville Chronicle*, which is a newspaper of general circulation in Cumberland County;

(f) the *Smithville Review*, which is a newspaper of general circulation in DeKalb County;

(g) the *Dickson Herald*, which is a newspaper of general circulation in Dickson County;

(h) the *Fentress Courier*, which is a newspaper of general circulation in Fentress County;

(i) the *Lawrence County Advocate*, which is a newspaper of general circulation in Lawrence County;

(j) the *Elk Valley Times*, which is a newspaper of general circulation in Lincoln County;

(k) the *Daily Herald*, which is a newspaper of general circulation in Maury County;

(l) the *Leaf-Chronicle*, which is a newspaper of general circulation in Montgomery, Stewart and Houston Counties;

(m) the *Moore County News*, which is a newspaper of general circulation in Moore County;



# Supplemental #1 -Copy-

Alere Women's and  
Children's Health

CN1506-025



**June 25, 2015**

**3:30 pm**

June 24, 2015

Jeff Grimm, HSD Examiner  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application CN1506-025  
Alere Women's and Children's Health

Dear Mr. Grimm:

This letter responds to your recent request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

**1. Section A, Applicant Profile, Item 3**

**a. The documentation of ownership, including registration in Tennessee and a copy of an organization chart, is noted. Who are the members of the LLC with ownership interests of 5% or more? Does the applicant intend to expand the ownership of the LLC in the future?**

There are no individuals with membership interests in the applicant LLC. There are no plans to expand its ownership in the future. As stated in the application on page 5 (Executive Summary), Alere Women's and Children's Health, LLC is a wholly owned subsidiary Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc., which is ultimately owned by United Health Group, a publicly traded company.

**b. Given the ownership interests by Optum Healthcare Solutions and United Health Group, what additional insight can the applicant provide about the nature & scope of their ownership interests in similar home health service organizations and healthcare facilities in the United States?**

United Health Group is a very large publicly traded company with multiple divisions and services. At the end of this response letter are company profile sections of its Form 10K report, describing its array of companies and services. The only home health care entity it owns directly or indirectly is Alere Women's and Children's Health, LLC. It owns no licensed physical facilities such as hospitals or nursing homes. Alere Women's and Children's Health, LLC has home health agencies licensed in twenty States.



**June 25, 2015****3:30 pm**

Page Two  
June 24, 2015

**c. The address for Alere Women's and Children's Health LLC is noted as 3200 Windy Hill Rd in Atlanta, Georgia for both the Hamilton and Shelby County agencies on the TDH licensure website which differs from the Nashville address for the applicant. As such, the different addresses create some confusion about the ownership relationship between the parties. Please explain.**

The applicant does not know why the TDH licensure website is inaccurate in that regard. In January of this year, Alere submitted its annual renewal information with accurate local office addresses for its agencies. Attached after this page are copies of the Alere TDH filing showing this Agency's correct local address.

**d. Review of the correspondence from the Delaware Secretary of State's Office provided in the ownership attachments revealed that an entity named Artemis Merger, LLC merged with and Matria Healthcare, LLC under the name of Alere LLC effective December 31, 2008. Since this ownership change was not addressed in the "Notes on Alere Women's and Children's Health LLC", please clarify how this fits into the organizational profile of the applicant.**

The transaction noted above relates to Alere Women's and Children's Health, LLC's direct parent company, Alere Health, LLC, but not to the applicant itself. As you note, Artemis Merger, LLC merged with and into Matria Healthcare, LLC under the name Alere LLC, which then changed its name to Alere Health, LLC.

**2. Section A, Applicant Profile, Item 6 and Section B, Project Description, Item IV (Floor Plan)**

**a. The documentation of site control (lease) is noted. Based on the amendment to the original lease, it appears that the lease will expire in June 2015. Please provide additional documentation that confirms the applicant will hold a legal interest in the site at the time the application is heard by the Agency Board Members in September 2015.**

The newly signed lease extension is attached after this page, following the correspondence referenced in question 1c above.





3200 Windy Hill Road, Suite 8-100  
Attention: Regulatory Affairs  
Atlanta, GA 30339

919 571 6732 Home Office  
770 767 8218 O  
770 916 1312 F

**SUPPLEMENTAL #1**

June 25, 2015  
3:36 pm  
DOCUMENTATION  
OF  
AGENCY  
ADDRESS

**FEDERAL EXPRESS**

January 7, 2015

State of Tennessee  
Department of Health  
Division of Health Licensure and Regulation  
Office of Health Care Facilities  
665 Mainstream Drive, Second Floor  
Nashville, TN 37243

Re: **Alere Women's and Children's Health, LLC License No. 0000000471**

Dear Sir/Madam:

Please accept the attached *Home Health Agency Renewal Application* and supporting documentation for Alere Women's and Children's Health, LLC ("Alere") located at 1926 Hays Street, Nashville, TN 37203. Please note in response to Question 4 the list of locations with addresses is printed in the JCAHO Report. Additionally attached is check no. 400861 in the amount of One Thousand Eighty Dollars (\$1080.00) as renewal fee.

Should you have any questions or require additional documentation please contact me at (919) 571-6732; 770-767-8218 or [fern.mathews@alere.com](mailto:fern.mathews@alere.com).

Sincerely,

Fern Matthews  
Director, Regulatory Affairs

Enclosure(s)



**June 25, 2015**

**3:30 pm**



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH CARE FACILITIES  
665 MAINSTREAM DRIVE, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243  
(615) 741-7221**

**HOME HEALTH AGENCY  
APPLICATION FOR INITIAL LICENSURE**

*All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at [www.state.tn.us/health](http://www.state.tn.us/health). Please check this website periodically for updates.*

Name of the Facility/Agency Alere Women's and Children's Health, LLC

**Location of the Facility:**

Street 1926 Hays Street City Nashville  
County Davidson State Tennessee Zip 37203  
Phone Number (615) 320-3270 Fax Number (615) 320-3271  
Twenty-four (24) Hour Emergency Phone Number (615) 945-9148  
E-Mail Address fern.matthews@alere.com

**Administrator Information:**

Administrator Laura Milner  
Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes ☐ No ☒  
If yes, what charge(s)? \_\_\_\_\_  
Location of Conviction \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) Date \_\_\_\_\_

**Mailing address if different from the Facility location address:**

Name Alere Women's and Children's Health, LLC  
Street 3200 Windy Hill Rd., Suite B-100 (Attn: Regulatory Affairs)  
City Atlanta State GA Zip 30339

**Ownership of Building:**

Name Jack Gaw Phone Number (615) 321-0700  
Street 1926 Hays Street  
City Nashville State TN Zip 37203

**FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)**

\$1,080

PH-3506 (REV 11/13)

RDA-1165



**SUPPLEMENTAL #1****June 25, 2015**Free Standing  
**3:30 pm**

1. Check type: Hospital Based \_\_\_\_\_ Nursing Home Based \_\_\_\_\_
2. Check type: Licensed only Agency ☒ Licensed/Medicaid Certified \_\_\_\_\_
3. Geographic area served by Agency: (list county or counties) *If additional space is needed, please use a separate page.*  
Bedford, Cheatham, Davidson, Dickson, Hickman, Houston, Marshall, Maury, Montgomery, Robertson, Rutherford, Sumner, Williamson, Wilson

4. Check type of services provided:

- |                            |                                     |                                    |       |
|----------------------------|-------------------------------------|------------------------------------|-------|
| a. Skilled Nursing         | <input checked="" type="checkbox"/> | f. Home Health Aid Services        | _____ |
| b. Physical Therapy        | _____                               | g. Medical Supplies and Appliances | _____ |
| c. Occupational Therapy    | _____                               | h. Homemaker Services              | _____ |
| d. Speech Therapy          | _____                               | i. Other (please specify)          | _____ |
| e. Medical Social Services | _____                               |                                    |       |

5. Number of branch offices:
- 0

Address of each branch office: *(If additional space is needed, please use a separate page)***OWNERSHIP OF BUSINESS:**

1. a. Check the type of Legal Entity:

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation ☒ Limited Liability Company

\_\_\_\_\_ Church Related \_\_\_\_\_ Government/County \_\_\_\_\_ Other

- b. Check one:
- ☒
- For Profit \_\_\_\_\_ Non-profit

- c. Legal Entity checked in 1.a:

Name Alere Health, LLC Phone Number (770) 767-4500Address 3200 Windy Hill Rd., Suite B-100 Atlanta, GA 30339

- d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

See Attached List

Name	Street	City, State, Zip
------	--------	------------------

Name	Street	City, State, Zip
------	--------	------------------

*(If additional space is needed, please use a separate sheet)*

2. a. Is your facility/organization accredited by a **federally approved** accrediting body (i.e., JCAHO, CARF, etc)?  
Yes ☒ No \_\_\_\_\_ Expiration Date May 2016
- b. Is your facility/organization deemed by a **federally approved** accrediting body? (i.e., JCAHO, CARF, etc)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date \_\_\_\_\_



**June 25, 2015**

**3:30 pm**

3. If you have a parent company please provide the following information:  
 Name Alere Health, LLC Phone Number (770) 767-4500  
 Address 3200 Windy Hill Rd., Suite B-100 Atlanta, GA 30339
4. a. Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? Yes ☒ No ☐  
 b. If yes, list names and addresses of all such facilities:  
Alere Health, LLC is the parent company for Alere Women's and Children's Health, LLC facilities nationwide.  
Please see the attached list.
5. a. Do you have a contract with a management firm to operate this facility? Yes ☐ No ☒  
 If yes, specify dates: From \_\_\_\_\_ To \_\_\_\_\_  
 b. If yes, please specify name of firm: \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 \_\_\_\_\_ City, State, Zip  
 Street \_\_\_\_\_
6. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? Yes ☐ No ☒  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_  
 For what reason? \_\_\_\_\_

**VERIFICATION BY NOTARY PUBLIC:**

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

Applicant Signature \_\_\_\_\_

Secretary \_\_\_\_\_

Title or Position \_\_\_\_\_

Date \_\_\_\_\_

**STATE GEORGIA**

County of Cobb

The above named applicant (print name) Jeanne Shingleton, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 5<sup>th</sup> day of JANUARY 2015  
 (Month) (Year)

Notary Public: \_\_\_\_\_

Eva Savage

My commission expires: \_\_\_\_\_

3/15/2017



# TENNESSEE DEPARTMENT OF HEALTH FEE RENEWAL INVOICE

## SUPPLEMENTAL #1

**June 25, 2015**

**3:30 pm**

## HOME HEALTH AGENCIES

Online Renewal Now Available At <http://health.state.tn.us/>

**PLEASE RETURN THIS FORM ALONG WITH THE ENCLOSED APPLICATION IN THE ENVELOPE PROVIDED**

License No: 0000000471 License Status: LICENSED

Expiration Date: 02/11/2015

Transaction No. 000010180

Telephone No. 615-320-3270

File ID: 00000471

FERN MATTHEWS, REG. AFFAIRS  
ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC  
3200 WINDY HILL ROAD,  
SUITE B-100  
ATLANTA GA 30339

**Facility Location Address:**

ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC  
1926 HAYES STREET  
NASHVILLE TN 37203

**Amount Due: 1,080.00**

In making this application, I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements set forth in the Tennessee Code Annotated 68-11-201 sequential and the Rules and Regulations of the State of Tennessee for this type of facility.

*Fern Matthews*  
SIGNATURE

1-7-15  
DATE

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REV. 4-99

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C/O DEPARTMENT OF REVENUE  
P O BOX 198990  
NASHVILLE TN 37219-8990

00000471

00000471  
FERN MATTHEWS, REG. AFFAIRS  
ALERE WOMEN'S AND CHILDREN'S HEALTH, LLC  
3200 WINDY HILL ROAD,  
SUITE B-100  
ATLANTA GA 30339

**Total Amount Due: \$ 1,080.00**

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Check Date: Jan/06/2015		Vendor Number: 0000299341		SUPPLEMENTAL #1	
Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Late Charge
IOME HEALTH LIC 00000471 -2015	Jan/06/2015	00610281	1,080.00	0.00	0.00
				June 25, 2015	1,080.00
				3:30 pm	

Check Number	Date	Total Gross Amount	Total Discounts	Total Late Charges	Total Paid Amount
400861	Jan/06/2015	\$1,080.00	\$0.00	\$0.00	\$1,080.00

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**Alere Health, LLC**

3200 Windy Hill Road, Suite B100  
Atlanta, GA 30339

32-171110  
BANK OF AMERICA  
Bank of America, N.A.  
Dallas, TX

DATE	Jan/06/2015	CHECK NUMBER	400861
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\$1,080.00\*\*\*

PAY \*\*\*\*ONE THOUSAND EIGHTY AND XX / 100 DOLLAR\*\*\*\*

TO THE  
ORDER  
OF

TENNESSEE DEPT. OF HEALTH  
C/O DEPT. OF REVENUE  
P.O. BOX 198990  
NASHVILLE, TN 37219-8990

AUTHORIZED SIGNATURE

00400861 111000012 3752012466



**June 25, 2015**

**3:30 pm**

**LEASE EXTENSION AGREEMENT**

RE: 1926 Hayes Street  
Nashville, TN 37203

The Lease Agreement between **Alere Women's and Children's Health, LLC.** and **Jack L. Gaw, DMD** at the above referenced location is scheduled to terminate June 30, 2015. Execution of this Lease Extension Addendum to the Lease Agreement will extend the term from **July 1, 2015 - June 30, 2016.**

All terms and conditions under the Lease Agreement remain unchanged, and the Monthly Lease Rate of [REDACTED] also will remain unchanged.

Please [REDACTED] two signed original executed copies of this Lease Extension Agreement to my [REDACTED] Upon full execution, I will return an original to you.

Regards,

Jack L. Gaw, DMD

**Lease Extension Execution:**

  
\_\_\_\_\_  
**Alere Women's and Children's Health, LLC.**

6/19/15  
Date

  
\_\_\_\_\_  
**Jack L. Gaw, DMD**

6.22.15  
Date



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**b. Please also provide a floor plan for the parent office in Nashville.**

The applicant has no floor plan of the interior of its office. A waiver of this requirement is requested because the principal office is not part of this application: no change of county location is being proposed; no change of location within the county is being proposed; no modification of the premises is being proposed. The applicant would have to engage an architect or draftsman to develop a floor plan.

**3. Section A, Applicant Profile, Item 12**

**HSDA staff is aware that home health agencies in Tennessee need Medicare certification in order to participate in TennCare MCOs. However, the comments indicate that Medicare certification is not necessary for the reasons provided. With a TennCare payor mix of approximately 48% or higher, what sort of exemption or waiver did the applicant receive from TennCare in this regard?**

This will be submitted under separate cover after conclusion of legal research.

**4. Section B, Project Description, Item II**

**Discussion of the development of the proposal is noted. Please provide the following additional information for the highlights noted in this section of the application:**

**a. Have there been any changes in the applicant's scope of services from original CON approved in Matria Healthcare, Inc.-Nashville, CN9807-043A leading to licensure by TDH on March 1, 1999? Please discuss.**

No. As new home care technologies and services are developed to deliver home healthcare, they may be utilized by Alere. But such clinical decisions remain under the scope of home health care as approved by the CON Board originally, and as defined by statute and State rules and regulations.

**b. Please identify the specific home health skilled nursing services that correspond to the "Scope of Services" described on pages 10 and 11 and other parts of the application.**

There is no service described in that section that is not delivered by Alere's visiting skilled nurse. They are all "skilled nursing services" for purposes of the law and regulations, and for reimbursement purposes. Alere sends no staff to a patient residence who is not an OB RN, skilled in this particular type of home care.



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**c. Of the services identified, approximately what percentage could be classified as skilled nursing?**

All of them are, by definition, because they are being delivered by an RN skilled in these services, and reimbursed by payers who define this care as skilled care.

**d. In your response, please identify the minimum skilled nursing activities that must be provided as a condition of HHA licensure in Tennessee such as taking & recording patient vital signs and drawing blood and other fluids for lab tests.**

Attached after this page is a copy of applicable parts of State licensure regulations.

**e. Please clearly identify the key responsibilities of the patient's physician and the applicant's clinical staff, including the Director of Nurses, OB pharmacist, staff OB registered nurses and others to support the care of high risk obstetrical patients and newborns with antepartum and postpartum needs.**

The patient's physician is the physician of record and refers the patient to Alere for the service required to manage the specific pregnancy-related condition requiring home care services. The physician provides the plan of treatment and oversees the care of the patient during her course of therapy.

The OB Pharmacist is available as a consultant to the physician to assist with questions surrounding medication use in pregnancy, advises on dosages of medication, safety of medications, reviews drug to drug interactions, and makes recommendations on concomitant use of medications.

The Director of nurses is responsible for Home Care Operations and supervision of all nursing and administrative functions associated with the operations of the Home Care facility. The Director of Nurses is responsible for maintaining all regulatory and Joint Commission standards.

Registered Nurses – Both Patient Educators (nurses that provide direct skilled nursing care in the home), and Perinatal Clinicians (nurses that provide telephonic management of the patient) are nurses with an active license in the state of Tennessee. All Registered Nurses employed by Alere have at least one year of high risk Obstetrical Experience, and all are capable to provide maternal-fetal assessments including the use of dopplers to assess fetal heart tones during the skilled nursing visits. These highly skilled nurses are well educated and versed in the management of the complexities surrounding diagnoses specific to the condition of pregnancy, which require a high level of skill and knowledge.



**June 25, 2015**

**3:30 pm** CHAPTER 1200-08-26

**STANDARDS FOR HOMECARE ORGANIZATIONS PROVIDING HOME HEALTH SERVICES**

(Rule 1200-08-26-.06, continued)

**(5) Skilled Nursing Services.**

- (a) The agency shall provide skilled nursing services by or under the supervision of a registered nurse who has no current disciplinary action against his/her license, in accordance with the plan of care. This person shall be available at all times during operating hours and participate in all activities relevant to the professional home health services provided, including the development of qualifications and assignment of personnel.
- (b) The registered nurse's duties shall include but are not limited to the following: make the initial evaluation visit, except in those circumstances where the physician has ordered therapy services as the only skilled service; regularly evaluate the patient's nursing needs; initiate the plan of care and necessary revisions; provide those services requiring substantial specialized nursing skill; initiate appropriate preventive and rehabilitative nursing procedures; prepare clinical and progress notes; coordinate services; inform the physician and other personnel of changes in the patient's condition and needs; counsel the patient and family in meeting nursing and related needs; participate in in-service programs; supervise and teach other nursing personnel. The registered nurse or appropriate agency staff shall initially and periodically evaluate drug interactions, duplicative drug therapy and non-compliance to drug therapy.
- (c) The licensed practical nurse shall provide services in accordance with agency policies, which may include but are not limited to the following: prepare clinical and progress notes; assist the physician and/or registered nurse in performing specialized procedures; prepare equipment and materials for treatments; observe aseptic technique as required; and assist the patient in learning appropriate self-care techniques.
- (d) A registered nurse may make the actual determination and pronouncement of death under the following circumstances:
  - 1. The deceased was receiving the services of a licensed home care organization;
  - 2. The death was anticipated, and the attending physician has agreed in writing to sign the death certificate. Such agreement by the attending physician must be present with the deceased at the place of death;
  - 3. The nurse is licensed by the state; and
  - 4. The nurse is employed by the home care organization providing services to the deceased.

**(6) Therapy Services.**

- (a) All therapy services offered by the agency directly or under arrangement shall be planned, delegated, supervised or provided by a qualified therapist in accordance with the plan of care. A qualified therapist assistant may provide therapy services under the supervision of a qualified therapist in accordance with the plan of care. The therapist shall assist the physician in evaluating the level of function, helping develop the plan of care (revising as necessary), preparing clinical and progress notes, advising and consulting with the family and other agency personnel, and participating in in-service programs.
- (b) Speech therapy services shall be provided only by or under supervision of a qualified speech language pathologist or audiologist in good standing.



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**f. Please provide the names and brief description of the experience and qualifications of the applicant's Medical Director and Director of Nursing.**

Laura Milner, RN, BSN, is Alere/Davidson County's Home Care Director. She has 20 years of nursing experience, 17 years of which are related to the field of Obstetrics. Laura has been a Home Care Director for 10 years with Alere, and has successfully passed all State Surveys and Joint Commission surveys. This position is equivalent to the Director of Nursing position for this agency.

Alere home health agencies do not require a local Medical Director because they work under the direction of the patients' physicians, with whom they are in continuous contact. Nationally, the Alere Medical Director is Norman Ryan, MD. His extensive CV is attached at the end of this letter.

**g. Has the applicant collaborated with existing home health agencies, Department of Health maternal and child health programs and professional home health association(s) to identify and assess the need for its specialty in-home services for high risk women and their newborns in the 22 counties being requested in this proposal?**

Alere has not discussed area needs with the State's maternal and child health programs.

With regard to collaboration discussions with other home health agencies, if optimal patient outcomes could be assured, Alere would be willing and able to provide this specialty care on a subcontracting basis, and has done so in the past. But Alere ceased to subcontract under general home health agencies years ago, because of difficulty with controlling the scope and costs of care in a manner that optimized good outcomes. This is an area with serious liability risks and Alere is not willing to share control of patient care with another party that is inexperienced in that care.



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**h. Were any existing service providers identified in the assessment? If so, why aren't these arrangements working in the proposed 22 counties?**

Alere is not aware of any agency in the area that provides the same level of care to the same patient population in all 22 counties of the proposed service area, either directly or through subcontracting. At staff's request, further research into that question is now being conducted by Alere staff through sampling of existing agencies. Please see the response to question #7 below for additional information.

**i. Please describe the applicant's planning and research efforts in this regard in preparing for the development of its certificate of need application.**

Alere's information on area needs comes from its contacts with insurers (including TennCare MCO's) and physicians who express that there is a need for their patients in the proposed service area. These payers are reliably in touch with area needs.

**j. In your response, please include any documentation from representatives indicating their participation in preparing an assessment of the need for the applicant's unique services in the additional 22 counties.**

There is no such information to offer at this time.

**k. Of the programs noted on page 10 under Scope of Services, what services qualify as skilled nursing services of home health agencies?**

As stated above, all of them do, when delivered by a skilled OB RN.



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**l. Is there a skilled nursing service that would also involve support for pregnant women with drug addictions related to recent legislation in Tennessee and program priorities by the state Department of Health? Please include a brief overview of same.**

Tennessee recently enacted Public Chapter 820 regarding Neonatal Abstinence Syndrome, or NAS. A TDH FAQ with an overview of that law, dated 6-24-2014, is attached following this page.

The law does not pertain to Alere's services. It affects reporting requirements at the time of birth, which takes place in a licensed institution rather than at home under Alere nursing care. Alere does not perform toxicology screens in the home. If Alere becomes aware of a maternal addiction during the patient interview, that is made known to the patient's physician if it is not already reflected in the medical record provided by the physician to Alere at the initiation of home care.

The Alere Registered Nurse assesses the patient's environment, completes a psychosocial history, a medication and illicit drug/alcohol/tobacco assessment, a domestic violence assessment, and provides extensive education regarding needs identified in the home. Alere works collaboratively with rehabilitation facilities, physician offices and hospitals to assist the patient with needs associated with addiction as well as any issues identified during the comprehensive assessment.

**m. Also under Scope of Services, what services are unique to newborns only?**

Alere is able to provide post-partum maternal/newborn assessments. This is not a service which Alere is currently contracted to provide in the state of TN, but it is one that Alere is able to do should the need arise.

**n. Please discuss how the applicant intends to develop, manage, implement, supervise and maintain patients' plans of care, including plans to manage patient pain.**

Alere works with the physician to develop the patient's plan of care. Alere develops, in consultation with the physician, written orders for home health services which include the specific treatment and modalities to be used and specific and their amount/frequency and duration. The plan of treatment is reviewed on an ongoing basis as often as the severity of the patient's condition requires. At a minimum of every 62 days, the plan of treatment is sent for physician review and signature.



**June 25, 2015****3:30 pm**

**FAQ REGARDING PUBLIC CHAPTER 820 (PC 820) AND OTHER REQUIREMENTS  
RELATED TO NEONATAL ABSTINENCE SYNDROME (NAS) IN TENNESSEE  
(Last Revised June 24, 2014)**

During 2014, the Tennessee General Assembly enacted Public Chapter 820 , effective April 24, 2014, which amends T.C.A. § 39-13-107. The new law provides that a woman can be charged with a **misdemeanor** if she illegally uses narcotics during pregnancy and if the baby is harmed as a result (ex. Neonatal Abstinence Syndrome). The intent of PC 820 is to give law enforcement and district attorneys a tool to address **illicit drug use** among pregnant women, through treatment programs including drug courts and particularly in egregious cases such as more than one NAS delivery. PC 820 contains a sunset provision in two years. The state of Tennessee is committed to tracking the impact of the law on mothers and babies. There are several other provisions in law or rule regarding NAS in Tennessee that may cause confusion or uncertainty, particularly among care providers. *The intent of this FAQ is to provide additional clarity to assist with consistency in application of these provisions and to minimize any unintended consequences of misunderstandings of the law or other requirements.*

The following FAQ responses and statements do not supersede the language of the statute, but are merely provided as guidance to health care professionals and other interested parties. The questions and responses are informational in nature and do not constitute legal advice. Moreover, the questions and answers are subject to change. Those who are or may be subject to this law are strongly urged to review the applicable laws and rules and seek their own legal counsel if necessary. The departments impacted by Public Chapter 820 are not bound by this guidance in their interpretation of the law because each situation is unique.

**Question: Are health care providers required to notify law enforcement about illegal use of narcotic drugs during a woman's pregnancy that may have caused a newborn to be drug dependent in the context of Public Chapter 820?**

**Answer:** No. The new law (Public Chapter 820) does not require health care providers to report pregnant women or mothers who may be illegally using narcotics to law enforcement.

*If a provider "has knowledge of or is called upon to render aid to any child" suffering from abuse or neglect, existing law requires healthcare providers to notify the Department of Children's Services of suspected abuse or neglect of a child. If a report is made to DCS, that department will investigate and determine if law enforcement needs to be involved. You can report at 1-877-237-0004 or online at <https://reportabuse.state.tn.us/>.*

**Question: What is Neonatal Abstinence Syndrome, or NAS?**

**Answer:** Neonatal Abstinence Syndrome is a condition in which a baby has withdrawal symptoms after being exposed to certain substances in utero. The exposure can involve prescribed and/or illicit drugs. After delivery the baby experiences withdrawal because the substances are no longer being received through the umbilical cord. NAS is a clinical syndrome; the diagnosis typically involves (1) a history of exposure to substances that may precipitate a withdrawal, (2) evidence of the substance in the baby's system and, (3) symptoms consistent with a state of withdrawal. Available literature suggests NAS does not necessarily correlate predictably with the amount or frequency of in utero exposure. Not all cases of exposure will lead to withdrawal syndrome.



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**Question: Does Public Chapter 820 change the requirement to report cases of NAS to the Department of Health for public health surveillance?**

*Answer: No. The Department of Health made NAS a **reportable condition** as of Jan. 1, 2013. Providers who make the diagnosis of NAS (typically hospitals and birthing centers) should continue to report cases of NAS to the Department of Health.*

**Question: Does the Department of Health provide information on the NAS case reports to law enforcement?**

*Answer: No.*

**Question: Will mothers automatically be prosecuted if referred to DCS?**

*Answer: No. Referred NAS cases receive a Child Protective Investigative Team (CPIT) review. The Child Protective Investigative Team determines if the case will be prosecuted. Information regarding Child Protection Investigative Teams and categories and definitions of child abuse and neglect may be found online:*

*<http://www.tn.gov/youth/dcsguide/policies/chap14/WA1.pdf>*

*<http://www.tn.gov/youth/dcsguide/policies/chap14/14.6.pdf>*

**Question: Does Public Chapter 820 change care or medical treatment provided to pregnant women?**

*Answer: No. This law does not direct any particular medical care or treatment.*

**Question: Does Public Chapter 820 create criminal liability for providers who prescribe narcotics to women of childbearing age?**

*Answer: No.*

**Question: Does Public Chapter 820 prohibit pregnant women from receiving pain management services?**

*Answer: No. Please refer to the Chronic Pain Guidelines for additional information. They may be found online at <http://health.state.tn.us/Downloads/ChronicPainGuidelines.pdf>.*

**Question: How does a health care provider identify appropriate substance abuse treatment resources for pregnant women or mothers?**

*Answer: The health care provider can contact the REDLINE at 1-800-889-9789 24 hours a day, 7 days a week for substance abuse treatment services. Additionally, for treatment for indigent individuals, view the provider list at <http://tn.gov/mental/A&D/DADAS%20Directory.pdf>.*



**June 25, 2015**

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**Question: Are women who take prescribed medications under medical supervision subject to prosecution under Public Chapter 820?**

*Answer: No. The law specifically states that "prosecution of a woman for assault" may only occur "for the illegal use [emphasis added] of a narcotic drug."*

**Question: Is Public Chapter 820 in effect indefinitely?**

*Answer: No. The law sunsets in two years.*

**Question: How does Public Chapter 820 relate to the Safe Harbor Act (2013 Tenn. Pub. Acts, ch. 398) which passed in 2013?**

*Answer: The Safe Harbor Act deals with services for pregnant women referred for prescription drug use/misuse and the parental rights of pregnant women abusing/misusing drugs.*

*<http://www.tn.gov/sos/acts/108/pub/pc0398.pdf>*

*The new law, Public Chapter 820, is a criminal statute concerning the prosecution of women who give birth to infants who are harmed by the women's prenatal drug use and does not specifically deal with a mother's parental rights.*

*<http://www.tn.gov/sos/acts/108/pub/pc0820.pdf>*

**Question: Are Public Chapter 820 and the Safe Harbor Act (2013 Tenn. Pub. Acts, ch. 398) contradictory?**

*Answer: No. Both statutes allow for treatment of pregnant women at risk of delivering a baby with NAS and provide protections from adverse legal consequences. Under Public Chapter 820, "It is an affirmative defense to a prosecution...that the woman actively enrolled in an addiction recovery program before the child is born, remained in the program after delivery, and successfully completed the program, regardless of whether the child was born addicted to or harmed by the narcotic drug."*

**Question: How can NAS be prevented?**

*Answer: The primary prevention strategies for NAS include:*

- *Careful consideration and judicious use of prescribed narcotics in women of childbearing age*
- *Preventing dependence/addiction in women of childbearing age*
- *Preventing unintended pregnancies in women using prescribed or illegal narcotics.*

**Question: What else can health care professionals do to reduce NAS in Tennessee?**

*Answer:*

- *Register to use the Controlled Substance Monitoring Database and check it before prescribing an opioid or benzodiazepine. Usage of the CSMD became mandatory April 1, 2013.*



## **SUPPLEMENTAL #1**

**June 25, 2015**

**3:30 pm**

- *Refer to Chronic Pain Guidelines for recommendations on the appropriate treatment of chronic non-malignant pain for women of childbearing age.*
- *Talk with patients who are women of childbearing age about how to prevent an unintended pregnancy.*
- *Screen patients for substance use or risk and refer to mental health treatment resources as appropriate.*
- *Discourage women from smoking during pregnancy; nicotine dependence appears to increase the risk of development of NAS in the baby.*

**Question: Where can I learn more about NAS in Tennessee?**

**Answer:** *Visit the Department of Health's NAS website at <http://health.tn.gov/mch/nas/>.*



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Alere's nurses provide skilled nursing care in the home and offers 24/7/365 support by High Risk obstetrical nurses telephonically in order to answer questions and provide interventional nursing to address the patient's needs.

Reports are provided to the physician weekly and on an as needed basis re: any required change in the patient's plan of care.

Alere works with the physician, patient and OB Pharmacist to manage the patient's pain safely during pregnancy. Alere assesses the patient's pain at every visit and follows up accordingly. Alere does not offer or supervise the provision of pain management pumps.

The Alere Home Care Director ensures supervision and competency of staff by performing ongoing assessment. The Director co-travels to a patient's home to observe a visit to ensure competency annually.

**o. From the applicant's experience, please discuss how the proposed service will safeguard against potential medication errors that might possibly result in serious harm (note: this question relates to skilled nursing service involving "medication infusion" and is based on comments found on page 11).**

Alere follows policies relative to safely managing infusion pumps. The policies include the requirement to validate all pump programming/dosing with two Registered Nurses prior to patient placement. This is done to ensure the dosage is programmed per the plan of treatment. The pumps are programmed with maximum and minimum dosages as well as lock-out settings that prevent the patient from making changes to the pump that could result in the delivery of the wrong dosage of medication.

**p. Please describe how the applicant's governing body monitors and enforces compliance with all patient safety standards of care that apply to the project.**

The Tennessee Director reports to the Governing Board and participates in Quarterly review of Policies, Quality and Safety. Alere has an extensive, comprehensive Quality Management program that requires the reporting of all medication errors and all unexpected or adverse events related to patient care and the operation of the Home Care site.



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**q. Other than the use of a 24/7 existing Patient Service Center staffed by OB pharmacists and OB registered nurses, are there any additional plans for the use of telemedicine to coordinate patient care activities with physicians and other key parties that participate in the applicant's care model?**

There are no such plans at this time. Referring physicians are kept informed of their patients' conditions and the services being provided; but they rely on Alere staff to treat appropriately within the recognized scope of skilled nursing care. This is not a program to create a virtual physician office at the patient bedside. Physicians have no need or time to be present by telemedicine hookups. In the rare event of exceptional needs beyond the scope of appropriate skilled nursing care, the patient is immediately transported to the hospital or the physician office for physician-provided care.

**r. If so, what measures will be taken to ensure that the applicant and other parties participating in this service such as pharmacists and patient physicians will comply with the Department of Health's Board of Medical Examiner's Rules (0880-02-.16) for registration & licensing?**

For any Tennessee patient, telephonic guidance by Alere OB Pharmacists and OB Nurses at the 24-hour Regional Call Centers is provided only by pharmacists who hold a valid license, and registered nurses who are licensed in the State of Tennessee. These are the only Alere providers serving Alere patients other than the patient's assigned Home Care OB RN.

**s. What measures will be taken to comply with patient confidentiality?**

All Alere personnel comply with the requirements of the Federal HIPPA rules and regulations, in maintaining patient confidentiality. These are complex and too long to be listed in this response letter. All Alere Home Care employees are required to complete annual HIPAA training and to maintain documentation of all ongoing training and education.



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**5. Section C, Need, Item (Project Specific Criteria\_**

**a. Items 5.A and 5.C – It is understood that the applicant is gathering the requested letters from physicians and residents of the proposed 22 counties. However, the applicant should be aware that if the information is not submitted by month end, HSDA's initial review of the application will continue in accordance with the process described in the closing section of this letter below.**

The applicant is aware of the value of support letters being provided early in the review process, and appreciates the historic practice of the HSDA in allowing the public to express its support in that way, whenever such expressions become available. The applicant is currently gathering letters and will submit whatever is obtained as soon as obtained.

**b. A breakout of patients by services is noted in Table 3. How would patients receiving multiple services be reflected? What projections apply only to newborns in the table? Please clarify.**

The Table reflects the primary program recorded for Alere patients. Very few receive care under more than one program; and there is no practical way to identify such patients without a massive survey of medical records.

There are no projections that apply only to newborns. Alere does not currently serve newborns in these areas, but a one-time Postpartum Maternal/Newborn assessment is a service that is offered by Alere and is one that could be contracted for by the Insurance companies should they so choose.



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**c. Item 5.A. and 5.B** – As noted by the applicant, the comparison cannot be made based on differences between the applicant's bundled charge shown in Table 5.b and the per visit charge of the 5 other agencies shown in Table 5A. However, review of the 2014 provider JAR revealed that charges of the other agencies could be determined on a per patient basis by using the information in Schedules D and E of the 2014 JAR. Please clarify.

<b>SUPPLEMENTAL Table Fifteen-A Revised</b>				
<b>Cost &amp; Skilled Nursing Charges of Agencies Currently in the Service Area</b>				
<b>Agency* FYE 2014</b>	<b>Cost/Visit</b>	<b>Charge/Visit</b>	<b>Charge/Patient</b>	<b>Charge/Hour</b>
1	\$108	\$108	\$3,113	NR
2	\$136	\$136	\$9,517	\$40
3	\$106	\$106	\$8,579	\$44
4	\$NR	\$175	\$2,458	\$55
5	\$97	NR	\$4,030	NR
Alere/Dav'son, CY 2016	NR	NR	\$6,779	NR

*Source: 2014 Joint Annual Reports; and Alere management.*

**\*Key to Agencies:**

1. Elk Valley Home Health Care Agency, LLC (76032)
2. Home health Care of Middle Tennessee, LLC (19584)
3. Quality Home Health (25044)
4. Vanderbilt Community and Home Services (19394)
5. NHC Homecare (75024)



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**6. Section C, Need Item 3 (Service Area Demographics)**

**a. The additional 22 counties plus the applicant's existing 14 counties amounts to a total service area of 36 counties. Were the 22 counties identified selected on the basis of public outcry by physicians, legislators, potential patients and family members, hospitals, Department of Health regional and county health departments and other members of the medical community?**

Of the above listed groups, insurers and physicians with patients in this area have requested Alere's services. Precise records by county are not kept. Alere estimates receiving two to three calls a month for referrals that cannot be accepted.

However, the HSDA presumably knows that for an established provider, receiving few referral requests for unauthorized counties is not evidence of no area need. Referring physician practices, commercial insurers, and TennCare MCO's become quickly educated after a few phone calls as to which counties Alere can serve. After they learn Alere's territorial limitations, they no longer telephone Alere to attempt referrals for unauthorized counties-even though their patients' only alternative will be to utilize hospitals private physician offices. To call Alere about such a patient would be a waste of their time.

**b. Given the majority of new counties that are located in the Upper Cumberland area of Tennessee, what part did geography play in the applicant's decision to add these counties? How will the applicant maintain an active marketing presence in the additional 22 counties given its parent office location in Nashville? Please clarify.**

Geography played an important role. Alere is a heavy TennCare provider. TennCare MCO's are Statewide. It is efficient for Alere's Davidson County agency to seek regionwide licensure in one Certificate of Need in order to be available to MCOs and physician practices, wherever their patients reside. Piecemeal application based on county-by-county service requests would be an inefficient and very costly exercise.



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**7. Section C, Need Item 5 and 6 (Historical and Projected Utilization)**

**Historical Utilization of Existing Providers** - in this and other parts of the application that address the target population, the applicant's research and analysis significantly helps quantify the number of females that comprise caseloads of the existing 72 home health agencies in the proposed 22 counties. For example, Table 10-C shows that women in the age 18-64 age bracket who received home care for any condition by the 72 agencies serving the 22 counties totaled only 12.9% of 18,364 total patients in 2014, with 59 of the 72 agencies averaging 20% or less. This analysis appears to point to 13 agencies that may be serving the target population.

a. Please identify the 13 agencies, describe the skilled nursing & related services that the 13 agencies provide to high risk OB patients and newborns, and provide their utilization for the 201-2014 period. As a suggestion, direct contact with the agencies may be one way to validate the assumptions and analysis provided in the application.

The 13 agencies identified in your question are the first 13 listed in the table below, along with the number of female patients age 18-64 that each served in 2014 within the proposed 22-county service area, and the percent that represented of their total patients in the service area. Only five of those agencies served more than 9 female patients age 18-64 in all 22 area counties last year. Their full 2012-14 utilization in all their authorized counties is in Table Eight of the application, pages 42e-f.

To enlarge the sample, the applicant added to the table 5 more agencies that (a) had 15% or greater dependence on service area females 18-64 years of age AND (b) served at least an average of one female per service area county in 2014 (i.e., 22 or more female patients). This added some higher-female-volume agencies to the sample.

Alere staff telephoned each agency to determine if it serves high-risk pregnant women, using key questions as to skills or scope of care. None of the agencies on the lists provides these services to high-risk pregnant women.

Alere feels that this sample of 18 agencies with higher-than-average services to women, or to this area's women, strongly suggests that the area's high-risk pregnant women need Alere's services.



**June 25, 2015**

**3:30 pm**

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Alere also feels that even if another provider comes forward with evidence of providing Alere's type of service, nevertheless area consumers, physicians, and insurers have a strong interest in having a meaningful choice (i.e., reasonable duplication) among agencies for patients who require high-risk specialized care.

Without that, providers will never have to engage in healthy competition for optimal quality of care and optimal outcomes. The applicant believes that the HSDA Board will want to strike a balance between creating such beneficial consumer/insurer choices, and avoiding excessive duplication of ordinary home care services.



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State ID Number	Agency Name and Information Provided To Alere OB RN Making Telephone Inquiry	Estimated 2014 Female Patients 18-64 Yrs, from Alere's Proposed Counties	Females Age 18-64 as Percent of Agency's Patients Within Alere's Proposed Counties
40075	<b>Henry County Med Center Home Health</b> – Paris – Spoke with Becky Allen who stated “We don’t do pregnancy”.	1	50% of 2
02024	<b>Heritage Home Health</b> – Shelbyville – Spoke with Candy who stated that their agency does not do OB or Pediatrics	3	50% of 6
94084	<b>Vanderbilt HC Affil w/Walgreens IV &amp; RT Svcs</b> – Brentwood – Do not have OB nurses available to see patients, they only do infusion.	4.5	45% of 10
63044	<b>Suncrest Home Health of Nashville, Inc.- Clarksville</b> – They do not provide obstetrical services, have no OB nurses on staff and don’t have the ability to do fetal assessment.	11.5	31.9% of 36
19364	<b>Intrepid USA Healthcare Services</b> – Nashville – They do not have nurses to manage pregnancy. They do primarily wound care and rehabilitative services. They do not participate in TENNCare	1.5	30% of 5
19714	<b>Angel Private Duty and Home Health, Inc. (Friendship)</b> – Nashville – Per Bianca, no nurses on staff that manage pregnancy	2.5	25% of 10
09065	<b>Baptist Memorial Home Care &amp; Hospice</b> – Huntingdon – per Crystal, no maternal fetal nurses and they do not provide those services in the home.	1.5	25% of 6
19734	<b>Coram CVS Specialty Infusion Svcs</b> – Nashville – Per Robin, they are an Infusion Pharmacy only, not a Home Health Agency, no OB Home Care Nurses.	0.5	25% of 2
19494	<b>Elk Valley Health Services Inc</b> – Nashville – they do provide specialized home care, but do not provide care to pregnant patients.	12.5	24.5% of 51
27085	<b>Volunteer Home Care, Inc</b> – Humboldt- spoke initially to Lisa who transferred me to Nicole. Nicole stated that they do not have any nurses on staff that specialize in OB, nor do they have the equipment to do Fetal Heart Tone assessment.	12.5	23.6% of 53



36025	<b>Deaconess Homecare (Gericare) – Savannah –</b> Per Karen, “We don’t do pregnancy care, we don’t have pregnancy nurses. We don’t have the ability to listen to the baby”.	4	21.9% of 183
60044	<b>Maury Regional Home Services – Columbia –</b> Per Tracy/Dania, No Pregnancy Nurses, no ability to manage pregnant patients. Dania states that she has been in home care for 20 years and does not know of anyone who can provide service to high risk pregnant patients.	74.5	21.3% of 350
19584	<b>Home Health Care of Middle TN – Nashville –</b> Spoke with Amanda, they don’t have nurses who specialize in pregnancy and don’t have the ability to listen to Fetal Heart Tones	6.5	21% of 31
95034	<b>Deaconess Homecare (Cedar Creek) Mt. Juliet</b> Per Debbie, they don’t have the ability to care for Obstetric patients	117	19.6% of 597
52054	<b>Deaconess Homecare (Elk Valley)- Fayetteville</b> Per Lisa, no skilled pregnancy nurses, they do not take TennCare patients.	131.5	16.9% of 778
25044	<b>Quality Home Health, Jamestown;</b> Melinda states that they do not staff nurses that are skilled to manage pregnancy conditions, no ability to listen to Fetal Heart Tones	267.5	15.7% of 1704
19324	<b>Suncrest Home Health, Madison;</b> Per Tabitha, they do not offer pregnancy service, no dopplers to listen to fetal heart tones. Gave me the number of their private duty arm of the business, spoke with Danielle who states that they are not equipped to manage complications of pregnancy and that they do not have OB nurses on staff.	53	16.7% of 318
25034	<b>Quality Private Duty Care, Jamestown;</b> Wilma informed me that they don’t have Obstetric Nurses on staff, do not manage pregnancy, cannot listen to Fetal Heart Tones.	131	18.6% of 705



# SUPPLEMENTAL #1

June 25, 2015

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**SUPPLEMENTAL BASE TABLE 1: 2014 Agency Dependence on Aler's 22 Proposed Counties**

Patients Served By Agency In Each of Aler's 22 Proposed Counties																													
TOH ID	AGENCY NAME	Total Agency Patients in TN	Total Agency Patients From Aler's Proposed Counties	Percent of Agency Dependence on Patients in Aler's Proposed Counties																						REVISED Agency Female Patients Age 18-64 in Aler's Proposed Counties (Estimated @ 50% to 1 Decimal Place)	REVISED TITLE Agency's Female Patients 18-64 In Proposed Counties as a Percent of Agency's Total Patients in Proposed Counties		
				Cannon	Clay	Cumberland	Dekalb	Fayette	Franklin	Giles	Humphreys	Jackson	Lawrence	Lewis	Lincoln	Madison	Monroe	Overton	Pickett	Putnam	Smith	Stewart	Trousdale	Van Buren	White				
26034	Amedys Home Care	1,002	590						494						74	10								1	58.9%	68	34.0	5.8%	
39113	Amedys Home Health	2,564	17																					12	0.7%	3	1.5	8.6%	
47024	Amedys Home Health (Overton)	949	878						211			67						235	24	247				46	92.5%	154	77.0	8.8%	
75034	Amedys Home Health (Rutherford)	535	14																							4	2.0	14.3%	
15034	Amedys Home Health (Cumberland Bend)	2,148	207																							29	9.6%	7.0%	
19024	Amedys Home Health (Glen Echo Rd)	1,508	40						3																	13	6.5	16.3%	
47202	Amedys Home Health Care	4,391	1																							0	0.0	0.0%	
75064	Amedys Home Health Care	1,372	388																							71	35.5	9.1%	
19684	Amedys Home Health Services	210	0																							0	0.0	0.0%	
95084	American National Home Health (Quality)	305	77																							19	9.5	12.3%	
19714	Angel Private Duty and Home Health, Inc. (Friendship)	79	10	2																				1	12.7%	5	2.5	25.0%	
09005	Baptist Memorial Home Care & Hospice	283	6									6														3	1.5	25.0%	
19504	Brookdale Home Health (Innovative Senior)	587	0																							0	0.0	0.0%	
47062	Brookdale Home Health of East Tennessee	1,732	127																							14	7.0	5.5%	
19734	Careall	1,685	937	2	89	305	8																			211	105.5	11.3%	
89074	Careall Home Care Services	974	290	97																						43	27.0	9.3%	
60074	Careall HomeCare Services	881	415																							120	60.0	14.5%	
92025	Careall HomeCare Services	2,337	87																							27	13.5	15.5%	
26024	CareSouth HHA Holdings of Winchester, LLC	2,444	522	4																						114	57.0	10.9%	
33383	Continuare Healthservices, Inc II	7	0																							0	0.0	0.0%	
19734	Coram CVS Specialty Infusion Services	26	2																							1	0.5	25.0%	
47402	Covenant Homecare	4,792	0																							0	0.0	0.0%	
14024	Cumberland River Homecare	393	393																							98	49.0	12.5%	
85034	Deaconess Homecare (Cedar Creek Hri Care)	1,706	597	12	19	81	34																			39	23.4	19.6%	
52024	Deaconess Homecare (Elk Valley)	1,294	778	2																						263	131.5	16.9%	
76032	Deaconess Homecare (Elk Valley)	603	35																							10	5.0	14.3%	
86025	Deaconess Homecare (Glenview, LLC)	2,122	183																							80	40.0	21.9%	
19494	Elk Valley Health Services Inc	293	51																							25	12.5	24.5%	
19614	Friendship Home Health Agency	745	4																							1	0.5	12.5%	
89084	Friendship Home Health, Inc.	1,721	610	13																						81	40.5	6.6%	
63034	Gateway Home Health Clarksville	1,340	80																							29	14.5	18.1%	
16034	Geniva Health Services	320	76																							18	9.0	11.8%	
19084	Geniva Health Services	831	0																							0	0.0	0.0%	
19084	Geniva Health Services	348	0																							0	0.0	0.0%	
35093	Geniva Health Services	1,203	157	5																						36	18.0	11.5%	
95074	Geniva Health Services 2 (Gilling Health Care)	1,815	1																							0	0.0	0.0%	
47182	Geniva Home Care of Nashville, LLC	1,668	91																							22	11.0	12.1%	
94074	Guardian Home Health	408	2																							2	1.0	50.0%	
40075	Henry County Medical Center Home Health	421	6																							6	3.0	50.0%	
20024	Heritage Home Health	497	493																							111	55.5	11.3%	
71014	Highland Rim Home Health Agency	432	299																							83	41.5	13.9%	
80064	Highpoint Homecare (Summer Homecare)	816	47																							11	5.5	11.7%	
83114	Highpoint Homecare (Summer Homecare)	1,689	280	4	1	6	2																			39	19.5	7.0%	
19544	Home Care Solutions, Inc (LHC HomeCare of TN)	2,680	68																							23	11.5	16.9%	
00063	Home Health Care of East Tennessee, Inc	2,975	31	20																						13	6.5	21.0%	
19584	Home Health Care of Middle Tennessee	1,889	5																							3	1.5	30.0%	
19564	Intrepid USA Healthcare Services																												



**3:30 pm**

**patients Served By Agency in Each of Alere's 22 Proposed Counties**

TDH ID	AGENCY NAME	COUNTY																				Total Agency Patients in TN	Total Agency Patients From Aleré's Proposed Counties	Percent of Agency Dependence on Patients in Aleré's Proposed Counties	Agency Total Patients Age 18-64 in Aleré's Proposed Counties	REVISED Agency Female Patients Age 18-64 in Aleré's Proposed Counties (Estimated @ 50% to 1 Decadal Place)	REVISED TITLE	
		Chilton	Cumbe	Oak	Franklin	Giles	Humphreys	Jackson	Lamar	Lincoln	Madison	Marion	Meigs	Owen	Pickett	Putnam	Smith	Stewart	Trousdale	Van Buren	White							
71084	Intrepid USA Healthcare Services	281		30	1	11			12			5	7	27	2	168	1				29	100.0%	53	25.5	9.4%			
804	Intrepid USA Healthcare Services	804	55	21																9	6.9%	13	6.5	11.8%				
58064	Intrepid USA Healthcare Services	339	336			13						329	2									65	32.5	9.7%				
52044	Lincoln Medical Home Health & Hospice	1,553	350																			149	74.5	21.3%				
60044	Maury Regional Home Services	2,651	0																			0	0.0	0.0%				
33153	Memorial Hospital Home Health	411	0																			0	0.0	0.0%				
33033	NHC Homecare	2,591	1,283																			305	152.5	11.8%				
60024	NHC Homecare	1,842	0																			0	0.0	0.0%				
74054	NHC Homecare	4,180	1,406	53	12	38	107	8														312	156.0	11.1%				
60084	Quality First Home Care	1,023	667																			197	98.5	14.8%				
25044	Quality Home Health	3,591	1,704																			535	267.5	15.7%				
25034	Quality Private Duty Care	894	705																			262	131.0	18.6%				
39035	Regional Home Care - Lexington	582	0																			0	0.0	0.0%				
41034	St. Thomas Home Health (Hickman Co. HH)	311	47																			7	3.5	7.4%				
16034	Suncrest Home Health	2,122	258	7																		92	46.0	17.8%				
19324	Suncrest Home Health	4,624	318																			105	53.0	16.7%				
21024	Suncrest Home Health	2,485	1,396	276																		362	181.0	11.0%				
65044	Suncrest Home Health of Nashville, Inc.	1,276	36																			23	11.5	31.9%				
03025	Tennessee Quality Homecare - Northwest	1,173	287																			66	33.0	11.5%				
20045	Tennessee Quality Homecare - Southwest	988	116																			22	11.0	9.5%				
32122	Univ. of TN Med. Ctr Home Health (Morristown)	751	0																			0	0.0	0.0%				
19394	Vanderbilt Community & Home Services	1,700	0																			0	0.0	0.0%				
94084	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	135	10	3																		9	4.5	45.0%				
27085	Volunteer Home Care, Inc	2,995	53																			25	12.5	23.6%				
20055	Volunteer Homecare of West Tennessee	1,797	146																			29	14.5	16.7%				
15694	Willowbrook Home Health Care Agency	1,283	9	8																		3	1.5	16.7%				
		100,882	18,364	543	296	1,404	673	998	1,510	1,019	715	426	1,753	423	1,224	940	85	845	261	2,625	626	367	348	230	1,052	18.2%	2,366.5	32.9%



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**Applicant's Historical and Projected Utilization-** Please address the following items:

**b. Utilization by newborns does not appear to be included in Table 11.A and 12.B. Please clarify.**

Alere does not currently serve newborns in these areas, but a one-time Postpartum Maternal/Newborn assessment is a service that is offered by Alere and is one that could be contracted for by the Insurance companies should they so choose.

**c. Contractual adjustments from charges amounts to approximately 60% of gross operating revenue. It seems that the applicant's high TennCare mix (71% average) may be the primary factor that accounts for the large amounts provided for contractual adjustments in Year 1 and Year 2. Please clarify by describing how TennCare reimburses for the applicant's services.**

**d. Net Operating Revenue in the Historical Data Chart and the Projected Data Chart**

(current and proposed counties chart version) differs from the amounts shown in Table 16 on page 56 (payor mix profile table). Please clarify.

**e. Using the staffing plan shown in Table 18 on page 60, the \$45,373 allocated in Year 1 for salaries and wages expense (Line D.1) for the additional 4.8 FTE per diem nursing staff for the 22 counties appears to be understated. Please clarify.**

**f. Please clarify why the \$1,786,408 gross operating revenue in the Historical Data Chart (\$8,932/patient) differs from the \$1,706,408 (\$8,532/patient) in Table 14 on page 53.**

Questions 7c through 7f above must be answered by an Alere financial officer who has been out of town and unavailable since the supplemental questions were received last Friday. She is returning soon and Alere will respond to these questions under separate cover.

#### **8. Section C, Economic Feasibility Item 2 and Item 4**

**a. The funding letter from a management representative of United Health Group, LLC was omitted from the attachments.**

That letter is attached following this page.





**June 25, 2015**

**3:30 pm**

13625 Technology Drive  
Eden Prairie, MN 55344

www.optum.com

June 17, 2015

Melanie M. Hill, Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
500 Deaderick Street  
Nashville, Tennessee 37243

RE: CON Application to Add Service Area Counties  
Alere Women's and Children's Health, LLC – Davidson County

Dear Mrs. Hill:

Alere Women's and Children's Health, LLC has filed a Certificate of Need Application to expand the service area of its Davidson County home healthcare agency. The estimated cost to implement the project is \$84,000.

Alere Women's and Children's Health, LLC is wholly owned by Alere Health, LLC, which is wholly owned by OptumHealth Care Solutions, Inc. (part of OptumHealth), which is ultimately wholly owned by UnitedHealth Group, a publicly traded company.

I am writing to confirm that the project's cost will be funded entirely by a cash transfer to the applicant through the organizational chain described above. As Chief Financial Officer of OptumHealth Care Solutions, Inc., I am authorized to make that commitment. The availability of sufficient cash is shown in financial statements in the attached UnitedHealth Group's Security and Exchange Commission filings on Form 10-K for the year ended December 31, 2014 and Form 10-Q for the quarter ended March 31, 2015.

Sincerely,

Joel Costa  
Chief Financial Officer  
OptumHealth Care Solutions, Inc.



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b. Review of the Consolidated Balance Sheets for the parent company revealed an excess of current liabilities over current assets for the 2013, 2014 and 2015 fiscal year periods such that the company's current ratio may be below industry norm. Although it is understood that the capital costs of the proposal are primarily consulting fees and are minimal, is sufficient cash from cash reserves available to support the project in light of United Health Group's current obligations (such as accounts payable) as identified in current liabilities?

**9. Section C. Economic Feasibility Item 5 (Average Gross Charges)**

The response with charts is noted.

What accounts for the decrease from the average gross charge of \$8,930 in the Historical Data Chart in 2014 to the average gross charge of approximately \$6,787 per patient in Year 1 that is shown in Table 13B? Please clarify.

**10. Section C, Economic Feasibility, Item 9**

The projected payor mix information in Table 16 on page 56 of the application is noted.

a. As noted in an earlier question, the amounts for Net Revenue for 2014, Year 1 and Year 2 differ from the Historical and Projected Data Charts. Please explain.

Questions 8b, 9, and 10a above must be answered by an Alere financial officer who has been out of town and unavailable since the supplemental questions were received last Friday. She is returning soon and Alere will respond to these questions as quickly as possible under separate cover.

b. Please identify the commercial payor plans that reimburse for the applicant's high risk obstetrical patient and newborn home health services with specific note as to the applicant's contracted commercial plans that would apply to potential patients in the proposed 22 county expansion of the applicant's service area. In your response, please briefly describe the reimbursement methodology used by same, noting any key differences between the commercial and TennCare MCO plans.



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Commercial Payor Plans include Aetna, Cigna, Humana, and United Health Care. The reimbursement from these agencies utilizes the same bundled methodology as in Alere's TennCare MCO plans. Each insurance plan is contracted with as a single entity, and the rates are set forth in individualized contracts with each plan. Those are proprietary methodologies, negotiations, and rates, just as they are for hospitals that negotiate with payers for managed care pricing.

**11. Proof of Publication**

**Although referenced in the application, publisher's affidavits or copies of the LOI in newspaper article with date and mast intact was omitted from the application.**


**a. Please provide this information to confirm publication of the LOI on June 10, 2015 in all 13 of the newspapers identified in the list that HSDA received on June 10, 2015 with the LOI.**

**b. In your response, please complete the table below showing the status of publication of the LOI in a newspaper of general circulation in each of the 22 counties in the CON application in accordance with state law.**

Proofs of publication in all required newspapers are attached at the end of this response letter, including the table requested in 11b.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,



John Wellborn  
Consultant



**SUPPLEMENTAL #1**

**June 25, 2015**

**3:30 pm**



**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

June 25, 2015

3:30 pm

**Form 10-K**

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2014

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from \_\_\_\_\_ to \_\_\_\_\_

Commission file number: 1-10864

**UNITEDHEALTH GROUP®****UnitedHealth Group Incorporated**

(Exact name of registrant as specified in its charter)

**Minnesota**  
(State or other jurisdiction of  
incorporation or organization)

**41-1321939**  
(I.R.S. Employer  
Identification No.)

**UnitedHealth Group Center**  
**9900 Bren Road East**  
**Minnetonka, Minnesota**  
(Address of principal executive offices)

**55343**  
(Zip Code)

**(952) 936-1300**

(Registrant's telephone number, including area code)

**Securities registered pursuant to Section 12(b) of the Act:**

**COMMON STOCK, \$.01 PAR VALUE**  
(Title of each class)

**NEW YORK STOCK EXCHANGE, INC.**  
(Name of each exchange on which registered)

**Securities registered pursuant to Section 12(g) of the Act: NONE**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one)

Large accelerated filer ☒  
Non-accelerated filer ☐

Accelerated filer ☐  
Smaller reporting company ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of voting stock held by non-affiliates of the registrant as of June 30, 2014 was \$78,282,268,950 (based on the last reported sale price of \$81.75 per share on June 30, 2014, on the New York Stock Exchange), excluding only shares of voting stock held beneficially by directors, executive officers and subsidiaries of the registrant.

As of January 30, 2015, there were 953,695,161 shares of the registrant's Common Stock, \$.01 par value per share, issued and outstanding.

**DOCUMENTS INCORPORATED BY REFERENCE**

The information required by Part III of this report, to the extent not set forth herein, is incorporated by reference from the registrant's definitive proxy statement relating to its 2015 Annual Meeting of Stockholders. Such proxy statement will be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year to which this report relates.



**PART I****ITEM 1. BUSINESS****INTRODUCTION****Overview**

UnitedHealth Group is a diversified health and well-being company dedicated to helping people live healthier lives and making the health system work better for everyone. The terms “we,” “our,” “us,” “its,” “UnitedHealth Group,” or the “Company” used in this report refer to UnitedHealth Group Incorporated and its subsidiaries.

Through our diversified family of businesses, we leverage core competencies in advanced, enabling technology; health care data, information and intelligence; and clinical care management and coordination to help meet the demands of the health system. These core competencies are deployed within our two distinct, but strategically aligned, business platforms: health benefits operating under UnitedHealthcare and health services operating under Optum.

UnitedHealthcare provides health care benefits to an array of customers and markets. UnitedHealthcare Employer & Individual serves employers ranging from sole proprietorships to large, multi-site and national employers, public sector employers, students and other individuals and serves the nation’s active and retired military and their families through the TRICARE program. UnitedHealthcare Medicare & Retirement delivers health and well-being benefits for Medicare beneficiaries and retirees. UnitedHealthcare Community & State manages health care benefit programs on behalf of state Medicaid and community programs and their participants. UnitedHealthcare Global (formerly UnitedHealthcare International) includes Amil, a health care company providing health and dental benefits and hospital and clinical services to individuals in Brazil, and other diversified global health businesses.

Optum is a health services business serving the broad health care marketplace, including payers, care providers, employers, governments, life sciences companies and consumers, through its OptumHealth, OptumInsight and OptumRx businesses. These businesses have dedicated units that help improve overall health system performance through optimizing care quality, reducing costs and improving consumer experience and care provider performance across eight business markets: local care delivery, care management, consumer engagement, distribution services, health financial services, operational services and support, health care information technology and pharmacy services.

Through UnitedHealthcare and Optum, in 2014, we managed over \$165 billion in aggregate health care spending on behalf of the customers and consumers we serve. Our revenues are derived from premiums on risk-based products; fees from management, administrative, technology and consulting services; sales of a wide variety of products and services related to the broad health and well-being industry; and investment and other income. Our two business platforms have four reportable segments:

- UnitedHealthcare, which includes UnitedHealthcare Employer & Individual, UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State and UnitedHealthcare Global;
- OptumHealth;
- OptumInsight; and
- OptumRx.

For our financial results and the presentation of certain other financial information by segment, including revenues and long-lived fixed assets by geographic source, see Note 13 of Notes to the Consolidated Financial Statements included in Part II, Item 8, “Financial Statements.”



**UnitedHealthcare**

UnitedHealthcare's market position is built on:

- national scale;
- strong local market relationships;
- the breadth of product offerings, which are responsive to many distinct market segments in health care;
- service and advanced technology;
- competitive medical and operating cost positions;
- effective clinical engagement;
- extensive expertise in distinct market segments; and
- innovation for customers and consumers.

UnitedHealthcare utilizes the expertise of UnitedHealth Group affiliates for capabilities in specialized areas, such as OptumRx pharmacy benefit products and services, certain OptumHealth care management and local care delivery services and OptumInsight health information and technology solutions, consulting and other services.

In the United States, UnitedHealthcare arranges for discounted access to care through networks that include a total of over 850,000 physicians and other health care professionals and approximately 6,100 hospitals and other facilities.

UnitedHealthcare is subject to extensive government regulation. See further discussion of our regulatory environment below under "Government Regulation" and in Part II, Item 7, "Management Discussion and Analysis of Financial Condition and Results of Operations."

***UnitedHealthcare Employer & Individual***

UnitedHealthcare Employer & Individual offers an array of consumer-oriented health benefit plans and services for large national employers, public sector employers, mid-sized employers, small businesses, individuals and military service members in the TRICARE west region. UnitedHealthcare Employer & Individual provides nearly 29 million Americans access to health care as of December 31, 2014. Large employer groups typically use self-funded arrangements where UnitedHealthcare Employer & Individual earns a service fee. Smaller employer groups and individuals are more likely to purchase risk-based products because they are less willing or unable to bear a greater potential liability for health care expenditures.

Through its risk-based product offerings, UnitedHealthcare Employer & Individual assumes the risk of both medical and administrative costs for its customers in return for a monthly premium, which is typically a fixed rate per individual served for a one-year period. When providing administrative and other management services to customers that elect to self-fund the health care costs of their employees and employees' dependents, UnitedHealthcare Employer & Individual receives a fixed monthly service fee per individual served. These customers retain the risk of financing medical benefits for their employees and employees' dependents, while UnitedHealthcare Employer & Individual provides services such as coordination and facilitation of medical and related services to customers, consumers and health care professionals, administration of transaction processing and access to a contracted network of physicians, hospitals and other health care professionals, including dental and vision.

UnitedHealthcare Employer & Individual also offers a variety of insurance options for purchase by individuals, including students, which are designed to meet the health coverage needs of these consumers and their families. The consolidated purchasing capacity represented by the individuals UnitedHealth Group serves makes it possible for UnitedHealthcare Employer & Individual to contract for cost-effective access to a large number of conveniently located care professionals and facilities.



UnitedHealthcare Employer & Individual typically distributes its products through consultants or direct sales in the larger employer and public sector segments. In the smaller group segment of the commercial marketplace, UnitedHealthcare Employer & Individual's distribution system consists primarily of direct sales and sales through collaboration with brokers and agents. UnitedHealthcare Employer & Individual also distributes products through wholesale agents or agencies that contract with health insurance carriers to distribute individual or group benefits and provide other related services to their customers.

In recent years, UnitedHealthcare Employer & Individual has diversified its model more extensively, distributing through professional employer organizations, associations, private equity relationships and, increasingly, through both multi-carrier and its own proprietary private exchange marketplaces. In 2014, UnitedHealthcare Employer & Individual launched UnitedHealthcare Marketplace, a new shopping platform for employers seeking to offer their employees flexibility and a choice of UnitedHealthcare plans. UnitedHealthcare Employer & Individual is also participating in select multi-plan exchanges that they believe are structured to encourage consumer choice. Direct-to-consumer sales are also supported by participation in multi-carrier health insurance marketplaces for individuals and small groups through exchanges. In 2014, UnitedHealthcare Employer & Individual participated in 13 state public health care exchanges, including four individual and nine small group exchanges. In 2015, we are participating in 23 individual and 12 small group state public exchanges.

UnitedHealthcare Employer & Individual's diverse product portfolio offers a continuum of benefit designs, price points and approaches to consumer engagement, which provide the flexibility to meet the needs of employers of all sizes, as well as individuals shopping for health benefits coverage. UnitedHealthcare Employer & Individual has seen increased demand for consumer driven health plans and new network approaches with lower costs, as well as more convenient care options for consumers. UnitedHealthcare Employer & Individual emphasizes local markets and leverages its national scale to adapt products to meet specific local market needs.

UnitedHealthcare Employer & Individual offers its products through affiliates that are licensed as insurance companies, health maintenance organizations (HMOs), or third-party administrators (TPAs). The market for health benefit products is shifting, with benefit and network offerings shaped, at least in part, by the requirements and effects of the Patient Protection and Affordable Care Act and a reconciliation measure, the Health Care and Education Reconciliation Act of 2010 (together, Health Reform Legislation), employer focus on quality and employee engagement, and the urgent need to align the system around value.

UnitedHealthcare Employer & Individual's major product families include:

*Traditional Products.* Traditional products include a full range of medical benefits and network options from managed plans, such as Choice and Options PPO, to more traditional indemnity products. The plans offer a full spectrum of covered services, including preventive care, direct access to specialists and catastrophic protection.

*Consumer Engagement Products and Tools.* Consumer engagement products couple plan design with financial accounts to increase individuals' responsibility for their health and well-being. This suite of products includes high-deductible consumer-driven benefit plans, which include health reimbursement accounts (HRAs), health savings accounts (HSAs) and consumer engagement services such as personalized behavioral incentive programs and consumer education. During 2014, more than 32,000 employer-sponsored benefit plans, including more than 300 employers in the large group self-funded market, purchased HRA or HSA products from us. UnitedHealthcare Employer & Individual's consumer engagement tools support members with access to benefit, cost and quality information through online and mobile applications, such as Advocate4Me, myHealthcare Cost Estimator and Health4Me. Using innovative tools and technology, UnitedHealthcare and Optum's applications are helping people address a broad range of health related issues, including benefits and claims questions, finding the right doctor, proactive support for appointments and issue resolution, health education, clinical program enrollment and treatment decision support.

*Value Based Products.* UnitedHealthcare Employer & Individual's suite of consumer incentive products increases individual awareness of personal health and care quality and cost for heightened consumer responsibility and behavior change. These products include: Small Business Wellness, which is a packaged



wellness and incentives product that offers gym reimbursement and encourages completion of important wellness activities. For mid-sized clients, SimplyEngaged is a scalable activity-based reward program that ties incentives to completion of health improvement activities, while SimplyEngaged Plus provides richer incentives for achieving health goals. For large, self-funded customers, the UnitedHealthcare Healthy Rewards program offers a flexible incentive design to help employers choose the right activities and include appropriate biometric outcomes that best fit the needs of their employee population. UnitedHealth Personal Rewards leverages a tailored approach to incentives by combining personalized scorecards with financial incentives for improving biometric scores, compliance with key health treatments and preventive care.

*Essential Benefits Products.* UnitedHealthcare Employer & Individual's portfolio of lower cost products provides value to consumers through innovative plan designs and unique network programs like UnitedHealth Premium®, which guide people to physicians recognized for providing high-quality, cost-efficient care to their patients. This approach to essential benefits is designed to deliver sustainable health care costs for employers, enabling them to continue to offer their employees coverage at more affordable prices. For example, UnitedHealthcare Employer & Individual's tiered benefit plans offer enhanced benefits in the form of greater coinsurance coverage and/or lower copays for people using UnitedHealth Premium® designated care providers.

*Clinical and Pharmacy Products.* UnitedHealthcare Employer & Individual offers a comprehensive suite of clinical and pharmacy benefits management programs, which complement its service offerings by improving quality of care, engaging members and providing cost-saving options. All UnitedHealthcare Employer & Individual members are provided access to clinical products that help them make better health care decisions and better use of their medical benefits, improving health and decreasing medical expenses.

Each medical plan has a core set of clinical programs embedded in the offering, with additional services available depending on funding type (fully insured or self-funded), line of business (e.g., small business, key accounts, public sector, national accounts and individuals), and clinical need. UnitedHealthcare Employer & Individual's clinical programs include:

- wellness programs;
- decision support;
- utilization management;
- case and disease management;
- complex condition management;
- on-site programs, including Know Your Numbers (biometrics) and flu shots;
- incentives to reinforce positive behavior change;
- mental health/substance use disorder management; and
- employee assistance programs.

UnitedHealthcare Employer & Individual's comprehensive and integrated pharmaceutical management services promote lower costs by using formulary programs to produce better unit costs, encouraging consumers to use drugs that offer improved value and outcomes, and supporting the appropriate use of drugs based on clinical evidence through physician and consumer education programs.

*Specialty Offerings.* UnitedHealthcare Employer & Individual also delivers dental, vision, life, and disability product offerings through an integrated approach including a network of more than 58,000 vision professionals in private and retail settings, and nearly 75,000 dental offices.

*UnitedHealthcare Military & Veterans.* UnitedHealthcare Military & Veterans is the provider of health care services for nearly 3 million active duty and retired military service members and their families in 21 states



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(West Region) under the Department of Defense's (DoD) TRICARE Managed Care Support contract. The contract began on April 1, 2013, and includes a transition period and five one-year renewals at the government's option.

UnitedHealthcare Military & Veterans' responsibility as a contractor is to augment the military's direct care system by providing managed care support services, provider networks, medical management, claims/enrollment administration and customer service.

### ***UnitedHealthcare Medicare & Retirement***

UnitedHealthcare Medicare & Retirement provides health and well-being services to individuals age 50 and older, addressing their unique needs for preventive and acute health care services, as well as services dealing with chronic disease and other specialized issues common among older individuals. UnitedHealthcare Medicare & Retirement is fully dedicated to serving this growing senior market segment, providing products and services in all 50 states, the District of Columbia and most U.S. territories. It has distinct pricing, underwriting, clinical program management and marketing capabilities dedicated to health products and services in this market.

UnitedHealthcare Medicare & Retirement offers a spectrum of risk-based Medicare products that may be purchased by individuals or on a group basis, including Medicare Advantage plans, Medicare Prescription Drug Benefit (Medicare Part D) and Medicare Supplement products that extend and enhance traditional fee-for-service coverage. UnitedHealthcare Medicare & Retirement services include care management and clinical management programs, a nurse health line service, 24-hour access to health care information, access to discounted health services from a network of care providers and administrative services.

Premium revenues from the Centers for Medicare & Medicaid Services (CMS) represented 29% of UnitedHealth Group's total consolidated revenues for the year ended December 31, 2014, most of which were generated by UnitedHealthcare Medicare & Retirement.

UnitedHealthcare Medicare & Retirement has extensive distribution capabilities and experience, including direct marketing to consumers on behalf of its key clients: AARP, the nation's largest membership organization dedicated to the needs of people age 50 and over, and state and U.S. government agencies. Products are also offered through employer groups and agent channels.

UnitedHealthcare Medicare & Retirement's major product categories include:

*Medicare Advantage.* UnitedHealthcare Medicare & Retirement provides health care coverage for seniors and other eligible Medicare beneficiaries primarily through the Medicare Advantage program administered by CMS, including Medicare Advantage HMO plans, preferred provider organization (PPO) plans, Point-of-Service plans, Private-Fee-for-Service plans and Special Needs Plans (SNPs). Under the Medicare Advantage program, UnitedHealthcare Medicare & Retirement provides health insurance coverage in exchange for a fixed monthly premium per member from CMS and in some cases consumer premiums. Premium amounts received from CMS vary based on the geographic areas in which members reside; demographic factors such as age, gender, and institutionalized status; and the health status of the individual. UnitedHealthcare Medicare & Retirement had approximately 3 million people enrolled in its Medicare Advantage products as of December 31, 2014.

Medicare Advantage plans are designed to compete at the local level, taking into account member and care provider preferences, competitor offerings, our historical financial results, our quality and cost initiatives and the long-term payment rate outlook for each geographic area. Starting in 2012, and phased in through 2017, the Medicare Advantage rate structure and quality rating bonuses are changing significantly. See Part II, Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations" for further information.

UnitedHealthcare Medicare & Retirement offers innovative care management, disease management and other clinical programs, integrating federal, state and personal funding through its continuum of Medicare Advantage



products. For high-risk patients in certain care settings and programs, UnitedHealthcare Medicare & Retirement uses proprietary, automated medical record software that enables clinical care teams to capture and track patient data and clinical encounters, creating a comprehensive set of care information that bridges across home, hospital and nursing home care settings. Proprietary predictive modeling tools help identify members at high risk and allow care managers to reach out to those members and create individualized care plans that help them obtain the right care, in the right place, at the right time.

*Medicare Part D.* UnitedHealthcare Medicare & Retirement provides Medicare Part D benefits to beneficiaries throughout the United States and its territories through its Medicare Advantage and stand-alone Medicare Part D plans. UnitedHealthcare Medicare & Retirement offers two stand-alone Medicare Part D plans: the AARP MedicareRx Preferred and the AARP MedicareRx Saver Plus plans. The stand-alone Medicare Part D plans address a large spectrum of beneficiaries' needs and preferences for their prescription drug coverage, including low cost prescription options. Each of the plans includes the majority of the drugs covered by Medicare and provides varying levels of coverage to meet the diverse needs of Medicare beneficiaries. As of December 31, 2014, UnitedHealthcare enrolled approximately 8 million people in the Medicare Part D programs, including more than 5 million individuals in the stand-alone Medicare Part D plans and approximately 3 million in Medicare Advantage plans incorporating Medicare Part D coverage.

*Medicare Supplement.* UnitedHealthcare Medicare & Retirement is currently serving more than 4 million seniors through various Medicare Supplement products in association with AARP. UnitedHealthcare Medicare & Retirement offers plans in all 50 states, the District of Columbia, and most U.S. territories. UnitedHealthcare Medicare & Retirement offers a full range of supplemental products at diverse price points. These products cover the various levels of coinsurance and deductible gaps that seniors are exposed to in the traditional Medicare program.

#### ***UnitedHealthcare Community & State***

UnitedHealthcare Community & State is dedicated to serving state programs that care for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health care coverage, in exchange for a monthly premium per member from the state program. In some cases, these premiums are subject to experience or risk adjustments. UnitedHealthcare Community & State's primary customers oversee Medicaid plans, Children's Health Insurance Programs (CHIP), SNPs, integrated Medicare-Medicaid plans (MMP) and other federal, state and community health care programs. As of December 31, 2014, UnitedHealthcare Community & State participated in programs in 24 states and the District of Columbia, and served more than 5 million beneficiaries. Health Reform Legislation provided for optional Medicaid expansion effective January 1, 2014. For 2015, 13 of our state customers have elected to expand Medicaid, an increase of one state since 2014. For further discussion of the Medicaid expansion under Health Reform Legislation, see Part II, Item 7, "Management Discussion and Analysis of Financial Condition and Results of Operations."

States using managed care services for Medicaid beneficiaries select health plans by using a formal bid process or by awarding individual contracts. A number of factors are considered by UnitedHealthcare Community & State when choosing programs for participation including the state's commitment and consistency of support for its Medicaid managed care program in terms of service, innovation and funding; the eligible population base, both immediate and long term; and the structure of the projected program. UnitedHealthcare Community & State works with its state customers to advocate for actuarially sound rates that are commensurate with medical cost trends.

The primary categories of eligibility for the programs served by UnitedHealthcare Community & State and our participation are:

- Temporary Assistance to Needy Families, primarily women and children – 21 markets;
- CHIP – 21 markets;



- Aged, Blind and Disabled (ABD) – 16 markets;
- SNP – 14 markets;
- Medicaid Expansion – 13 markets;
- Long-Term Services and Supports (LTSS) – 12 markets;
- other programs (e.g., developmentally disabled, rehabilitative services) – 6 markets
- childless adults programs for the uninsured – 4 markets; and
- MMP – 1 market.

These health plans and care programs offered are designed to address the complex needs of the populations they serve, including the chronically ill, those with disabilities and people with a higher risk of medical, behavioral and social conditions. UnitedHealthcare Community & State administers benefits for the unique needs of children, pregnant women, adults, seniors and those who are institutionalized or are nursing home eligible. They often live in areas that are medically underserved and are less likely to have a consistent relationship with the medical community or a care provider. These individuals also tend to face significant social and economic challenges.

UnitedHealthcare Community & State leverages the national capabilities of UnitedHealth Group locally, supporting effective care management, strong regulatory partnerships, greater administrative efficiency, improved clinical outcomes and the ability to adapt to a changing national and local market environment. UnitedHealthcare Community & State coordinates resources among family, physicians, other health care providers, and government and community-based agencies and organizations to facilitate continuous and effective care.

The LTSS market represents only 6% of the total Medicaid population, yet accounts for more than 30% of total Medicaid expenditures. The LTSS population is made up of over 4 million individuals who qualify for additional benefits under LTSS programs who represent a subset of the more than 16 million ABD Americans. Currently, only one-quarter of the ABD population and approximately 20% of the LTSS eligible population are served by managed care programs. States are increasingly looking for solutions to not only help control costs, but to improve quality for the complex medical challenges faced by this population and are moving with greater speed to managed care programs.

There are more than 9 million individuals eligible for both Medicare and Medicaid. This group has historically been referred to as dually eligible or MMP. MMP beneficiaries typically have complex conditions with costs of care that are far higher than typical Medicare or Medicaid beneficiaries. While these individuals' health needs are more complex and more costly, they have been historically served in unmanaged environments. This market provides UnitedHealthcare an opportunity to integrate Medicare and Medicaid funding and improve people's health status through close coordination of care.

Total annual expenditures for MMPs are estimated at more than \$390 billion, or approximately 13% of the total health care costs in the United States. As of December 31, 2014, UnitedHealthcare served more than 315,000 people with complex conditions similar to those in an MMP population in legacy programs through Medicare Advantage dual SNPs. As of December 31, 2014, UnitedHealthcare Community & State had been awarded new MMP business taking effect in 2015 in Ohio and Texas.

### ***UnitedHealthcare Global***

UnitedHealthcare Global participates in international markets through national "in country" and cross-border strategic approaches. UnitedHealthcare Global's cross-border health care business provides comprehensive health benefits, care management and care delivery for multinational employers, governments and individuals



around the world. UnitedHealthcare Global's goal is to create business solutions that are based on local infrastructure, culture and needs, and that blend local expertise with experiences from the U.S. health care industry. As of December 31, 2014, UnitedHealthcare Global provided medical benefits to more than 4 million people, principally in Brazil, but also residing in more than 125 other countries.

*Amil.* Amil provides health and dental benefits to nearly 7 million people. Amil operates more than 30 acute hospitals and approximately 50 specialty, primary care and emergency services clinics across Brazil, principally for the benefit of its members. Amil's patients are also treated in its contracted provider network of nearly 27,000 physicians and other health care professionals, approximately 2,100 hospitals and more than 7,600 laboratories and diagnostic imaging centers. Amil offers a diversified product portfolio with a wide range of product offerings, benefit designs, price points and value, including indemnity products. Amil's products include various administrative services such as network access and administration, care management and personal health services and claims processing.

*Other Operations.* UnitedHealthcare Global includes other diversified global health services operations with a variety of offerings for international customers, including:

- network access and care coordination in the United States and overseas;
- TPA products and services for health plans and TPAs;
- brokerage services;
- practice management services for care providers;
- government and corporate consulting services for improving quality and efficiency; and
- global expatriate insurance solutions.

### **Optum**

Optum is a health services business serving the broad health care marketplace, including:

- Those who need care: the consumers who need the right support, information, resources and products to achieve their health goals.
- Those who provide care: pharmacies, physicians' practices, hospitals and clinical facilities seeking to modernize the health system and support the best possible patient care and experience.
- Those who pay for care: insurers, employers and government agencies devoted to ensuring the populations they sponsor receive high-quality care, administered and delivered efficiently.
- Those who innovate for care: life sciences and research focused organizations dedicated to developing more effective approaches to care, enabling technologies and medicines that improve care delivery and health outcomes.

Using advanced data analytics and technology, Optum helps improve overall health system performance by optimizing care quality, reducing costs and improving the consumer experience and care provider performance. Optum is organized in three reportable segments:

- OptumHealth focuses on care delivery, care management, consumer engagement, distribution and health financial services;
- OptumInsight delivers operational services and support and health information technology services; and
- OptumRx specializes in pharmacy services.



**OptumHealth**

OptumHealth is a diversified health and wellness business serving the physical, emotional and financial needs of more than 63 million unique individuals. OptumHealth enables population health management through programs offered by employers, payers, government entities and, increasingly, directly with the care delivery system. OptumHealth products and services deliver value by improving quality and patient satisfaction while lowering cost. OptumHealth works to optimize the care delivery system through the creation of high-performing networks and centers of excellence across the care continuum, by working directly with physicians to advance population health management and by focusing on caring for the most medically complex patients.

OptumHealth offers its products on a risk basis, where it assumes responsibility for health care costs in exchange for a monthly premium per individual served, and on an administrative fee basis, under which it manages or administers delivery of the products or services in exchange for a fixed fee per individual served. For its financial services offerings, OptumHealth charges fees and earns investment income on managed funds.

OptumHealth sells its products primarily through its direct sales force, strategic collaborations and external producers in three markets: employers (which includes the sub-markets of large, mid-sized and small employers), payers (which includes the sub-markets of health plans, TPAs, underwriter/stop-loss carriers and individual market intermediaries) and government entities (which includes states, CMS, DoD, the Veterans Administration and other federal procurement agencies). As provider reimbursement models evolve, care providers are emerging as a fourth market for the health management, financial services and local care delivery businesses.

OptumHealth is organized into two major operating groups: Collaborative Care and Consumer Solutions Group (CSG).

*Collaborative Care.* Collaborative Care's major product offerings include local care delivery, complex population management and mobile care delivery.

- **Local Care Delivery.** Local care delivery serves patients through a collaborative network of care providers aligned around total population health management and outcomes-based reimbursement. Within its local care delivery systems, OptumHealth works directly with medical groups and Independent Practice Associations to deploy a core set of technology, risk management, analytical and clinical capabilities and tools to assist physicians in delivering high-quality care across the populations they serve. OptumHealth is directly affiliated with clinics and physicians who provided care to more than 2 million patients in 2014.
- **Complex Population Management.** Complex population management services focus on improving care for patients with very challenging medical conditions by providing the optimal care in the most appropriate setting. Complex population management is focused on building and executing integrated solutions for payers, governmental agencies, accountable care organizations and provider groups for the highest cost patient segment of the health care system with focus on optimizing patient outcomes, quality and cost effectiveness. In addition, complex population management provides hospice services in 17 markets in the United States.
- **Mobile Care Delivery.** OptumHealth's mobile care delivery business provides occupational health, medical and dental readiness services, treatments and immunization programs. These solutions serve a number of government and commercial clients including the U.S. military.

*CSG.* CSG includes population health management services, specialty networks, distribution and financial services products.

- **Population Health Management Services:** OptumHealth serves nearly 38 million people through population health management services, including care management, complex conditions (e.g., cancer, neonatal and maternity), health and wellness and advocacy decision support solutions.



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- **Specialty Networks.** Within specialty networks, OptumHealth serves more than 57 million people by offering them access to proprietary networks of provider specialists in the areas of behavioral health management (e.g., mental health, substance abuse), chiropractic, physical therapy, transplant, infertility, kidney and end stage renal disease.
- **Distribution:** This business provides health exchange capabilities to help payers, market aggregators and employers meet the needs of the consumers they serve. OptumHealth provides call center support, multi-modal communications software, data analysis and trained nurses that help clients acquire, retain and service large populations of health care consumers.
- **Financial Services:** This business serves the health financial needs of individuals, employers, health care professionals and payers. OptumHealth is a leading provider of consumer health care accounts. OptumHealth also offers electronic payment solutions to manage compliance and improve the administrative efficiency of electronic claim payments. As of December 31, 2014, Financial Services and its wholly owned subsidiary, Optum Bank, had \$2.8 billion in customer assets under management and during 2014 processed \$85 billion in medical payments to physicians and other health care providers.

**OptumInsight**

OptumInsight provides technology, operational and consulting services to participants in the health care industry. Hospital systems, physician practices, commercial health plans, government agencies, life sciences companies and other organizations that constitute the health care system use OptumInsight to help them reduce costs, meet compliance mandates, improve clinical performance, achieve efficiency and modernize their core operating systems to meet the changing needs of the health system landscape.

Many of OptumInsight's software and information products, advisory consulting arrangements and outsourcing contracts are delivered over an extended period, often several years. OptumInsight maintains an order backlog to track unearned revenues under these long-term arrangements. The backlog consists of estimated revenue from signed contracts, other legally binding agreements and anticipated contract renewals based on historical experience that either have not started but are anticipated to begin in the near future, or are in process and have not been completed. OptumInsight's aggregate backlog at December 31, 2014, was \$8.6 billion, of which \$4.8 billion is expected to be realized within the next 12 months. This includes \$2.9 billion related to intersegment agreements, all of which are included in the current portion of the backlog. OptumInsight's aggregate backlog at December 31, 2013, adjusted for the January 1, 2014 business realignment discussed in Note 13 of Notes to Consolidated Financial Statements included in Part II, Item 8, "Financial Statements," was \$7.5 billion including \$2.7 billion related to intersegment agreements. The increase in 2014 backlog was attributable to a revenue management services acquisition and general business growth, partially offset by services performed on existing contracts. OptumInsight cannot provide any assurance that it will be able to realize all of the revenues included in the backlog due to uncertainties with regard to the timing and scope of services and the potential for cancellation, non-renewal or early termination of service arrangements.

OptumInsight's products and services are sold primarily through a direct sales force. OptumInsight's products are also supported and distributed through an array of alliances and business partnerships with other technology vendors, who integrate and interface OptumInsight's products with their applications.

OptumInsight provides capabilities targeted to the needs of four primary market segments: care providers (e.g., physician practices and hospitals), payers, governments and life sciences organizations.

*Care Providers.* Serving four out of five U.S. hospitals and tens of thousands of physician practices, OptumInsight provides capabilities that help drive financial performance, meet compliance requirements and deliver health intelligence. OptumInsight's offerings in clinical workflow software, revenue management tools and services, health IT and analytics help hospitals and physician practices improve patient outcomes, strengthen financial performance and meet quality measurement and compliance requirements, as well as transition to new collaborative and value based business models.



*Payers.* OptumInsight serves approximately 300 health plans by helping them improve operational and administrative efficiency, meet clinical performance and compliance goals, develop strong provider networks, manage risk and drive growth. OptumInsight also helps payer clients adapt to new market models, including health insurance exchanges, consumer driven health care and engagement, pay-for-value contracting and population health management.

*Governments.* OptumInsight provides services to government agencies across 36 states and the District of Columbia. Services include financial management and program integrity services, policy and compliance consulting, data and analytics technology, systems integration and expertise to improve medical quality, access and costs.

*Life Sciences.* OptumInsight's Life Sciences business provides services to more than 200 global life sciences organizations. OptumInsight's services use real-world evidence to support market access and positioning of products, provide insights into patient reported outcomes and optimize and manage risk.

### **OptumRx**

OptumRx provides a full spectrum of pharmacy benefit management (PBM) services to more than 30 million Americans nationwide, managing more than \$40 billion in pharmaceutical spending annually and processing nearly 600 million adjusted retail, home delivery and specialty drug prescriptions annually. OptumRx's PBM services deliver a low cost, high-quality pharmacy benefit through retail network contracting services, home delivery and specialty pharmacy services, manufacturer rebate contracting and management and a variety of clinical programs such as step therapy, formulary management, drug adherence and disease and drug therapy management programs. As of December 31, 2014, OptumRx's network included more than 67,000 retail pharmacies and two home delivery pharmacy facilities in California and Kansas.

The home delivery and specialty pharmacy fulfillment capabilities of OptumRx are an important strategic component of its business, providing patients with convenient access to maintenance medications, offering a broad range of complex drug therapies and patient management services for individuals with chronic health conditions and enabling OptumRx to help consumers achieve optimal health, while maximizing cost savings.

OptumRx provides PBM services to a substantial majority of UnitedHealthcare members. Additionally, OptumRx manages specialty pharmacy benefits across nearly all of UnitedHealthcare's businesses with services including patient support and clinical programs designed to ensure quality and deliver value for consumers. This is crucial in managing overall drug spend, as biologics and other specialty medications are the fastest growing pharmacy expenditures. OptumRx also provides PBM services to non-affiliated external clients, including public and private sector employer groups, insurance companies, Taft-Hartley Trust Funds, TPAs, managed care organizations (MCOs), Medicare-contracted plans, Medicaid plans and other sponsors of health benefit plans and individuals throughout the United States. OptumRx's distribution system consists primarily of health insurance brokers and other health care consultants and direct sales.

### **GOVERNMENT REGULATION**

Most of our health and well-being businesses are subject to comprehensive federal, state and international laws and regulations. We are regulated by federal, state and international regulatory agencies that generally have discretion to issue regulations and interpret and enforce laws and rules. The regulations can vary significantly from jurisdiction to jurisdiction, and the interpretation of existing laws and rules also may change periodically. Domestic and international governments continue to enact and consider various legislative and regulatory proposals that could materially impact certain aspects of the health care system. New laws, regulations and rules, or changes in the interpretation of existing laws, regulations and rules, including as a result of changes in the political climate, could adversely affect our business.



**SUPPLEMENTAL #1**

**June 25, 2015**

**3:30 pm**



**June 25, 2015****3:30 pm****Norman S. Ryan, M.D.**

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**Professional Experience****Alere Health**

**2013-present**      **Senior Vice President, Health Intelligence and Chief Medical Officer, Quality Alere Health**  
**(Subsidiary of Alere, Inc., Waltham, Massachusetts)**

- Raised effectiveness of health intelligence in areas of technical innovation, product development, clinical effectiveness, financial analysis related to performance guarantees and cross-functional team development
- Executive Transition team member for recent divestiture of Alere Health (Alere, Inc. subsidiary) during multiple negotiations, presentations with both financial and strategic potential purchasers
- Performed research and analysis to demonstrate value of Alere Health programs
- Designed, organized and provided analytics support to Alere Health pilot programs enhancing clinical effectiveness
- Participated in and directed development of predictive modeling for vulnerable populations
- Supported clinical direction in diverse clinical programs
- Key point of contact for industry consultants
- Oversaw quality initiatives throughout the organization as an executive function in Alere Health; Chair Quality Improvement Committee
- Supported and participated in research studies for publication
- Participated in strategic alliances related to analytics and reporting
- Participated in industry thought leadership initiatives on population health management effectiveness measurement and reporting (PHA, HERO, other)
- Book of business outcomes analysis

**Rush University Medical Center**

**2010 - 2013**      **Senior Medical Director, Rush Health (Physician Hospital Organization for Rush University Medical Center, Chicago)**

- Practicing Family Physician/Geriatrician
- Rush University Medical Center College of Medicine Faculty
- Awarded Rush Excellence in Clinical Service award 2012 for work on development of Medical Homes at Rush. Inter-professional team achieved 2011 NCQA level III Medical



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Home recognition for 7 practices at Rush. Participated in development of 43,000 patient registry, enhancements to Epic EMR to accommodate new data collection models, cross departmental integration for coordination of care, new reporting of results and outcomes, cooperation with multiple professionals to participate in effort as well as application and interaction with NCQA.

- Member Rush University hospital readmission taskforce
- Lead on multiple integrated health system clinical performance committees
- Team development of clinical decision support modules in Epic electronic medical record
- Accountable care organization (ACO) development taskforce
- Member Advisory Board University of Illinois Roybal Center for Health Promotion and Behavior Change

**2006-2010**

- Assistant Professor Family Medicine
- Practicing Family Physician/Geriatrician
- Instructor Physical Diagnosis
- Supervisor homeless shelter medical clinic
- Member advisory board, State of Illinois Department on Aging long-term care
- Advisor/mentor for award winning team Kellogg School of Business/Northwestern Medical School/Chest Foundation Disparities in Asthma Care case competition
- Member Advisory Board UIC Roybal Center for Health Promotion and Behavior Change
- Member Advisory Board UIC CDC sponsored Worksite Wellness Project

**United Healthcare****2003-2006****National Medical Director, Medical Management Programs, United Healthcare Clinical Operations**

Responsible for the clinical development and implementation of United Healthcare (UHC) medical management programs throughout the United States in such areas as onsite nursing and case management. In addition, responsibility for clinical integration of newly-acquired companies and the oversight of clinical programs developed for and purchased by United Healthcare

- Onsite Hospital Assessment Program: To help expedite in-patient care as well as the transitions to outpatient settings, organized project concept, developed and implemented national onsite program for medical personnel in target hospitals. Managed 35% inpatient hospital utilization in the U.S. for United Healthcare in key, highest volume hospitals throughout the country with positive measured pre/post case-mix adjusted results for length of stay and quality
- Spectrum program: Developed low-touch, high-volume telephonic case management program, "Spectrum", in KY and FL test markets. Using only evidenced-based interventions, developed connections between at-risk participants and the medical system to improve measured outcomes in selected disease areas. Focus on congestive heart failure, coronary artery disease, diabetes. Using case-mix, risk-adjusted methodology demonstrated results of total intervention and subgroup performance.
- Vendor oversight - SPECKSS: Developed framework for consistent, required, enterprise-wide evaluation of clinical outreach programs using overview criteria for evaluation at



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system level: Total size of target population; modifiable percentage of population; engaged percentage of population; enrolled percentage of population; "key value levers" which if modified predict positive change, improvements in clinical outcomes and costs; and improvement validation through identified data sources/ control groups. For each criteria a set of evidence was required to demonstrate validity of statements.

- Community Acquired Pneumonia multifaceted national project focused on Respiratory syncycial virus infection (RSV) prevention, Community Acquired Pneumonia guideline awareness, influenza and pneumovax immunizations

**2003**

**Divisional Medical Director Medical Expense Management, Clinical Operations North Division. Remained part-time in CMO role, Illinois until June 03. Member President's Leadership Development Program**

- Oversaw development and implementation of all Medical Expense Management activities for the North Division
- Matrixed responsibility for performance management of Medical Directors in the Northern United States for medical expense management activities
- Led project to attenuate hospital utilization trend in UHC. Spearheaded inter-segment project to align efforts and develop cooperation between sister companies, Care Management and Ingenix, with United Healthcare
- Developed hospital utilization targets for each UHC market through negotiation with associated partners in markets, Care Management and Ingenix
- Headed team development of authorization-based hospital utilization early warning reporting tool for management of hospital days (Bellwether report)
- Participated with Ingenix in development of claims-based hospital utilization reporting tool for the market level
- Developed with team the hospital data sharing "HDS" approach and tools.
- Implemented hospital data sharing nationally
- Developed multifaceted national project for community-acquired pneumonia with educational and public sector involvement in addition to the more traditional datasharing activities and best practice dissemination. Managed multiple funding streams in collaboration with Ingenix
- Developed national rapid response project for arthroscopy following New England Journal of Medicine article describing new evidence of best practice in this area.
- Participated in early development of employer data sharing (Lanco-Chicago based company)
- Member President's Leadership Development Program for valuable top talent management employees in United Healthcare

**2001**

**Chief Medical Officer and Vice President, United Healthcare Illinois**  
responsible for medical services in 1 million member health plan in Illinois.

**1999**

**Vice President Health Services, United Healthcare, Illinois**

Medical head of 1,000,000 member mixed-model managed care plan in Illinois during turnaround. Responsibilities for all medical management related activities. Head of Government Sales department. Responsible for medical aspects of turnaround of troubled company with multi-year history of losses in both finances and reputation

- Reduced excess hospital admission rates using both collegial-collaborative methods and



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- high technology predictive modeling
- Hired new team of directors, medical directors, project managers
- Upgraded reputation of reputation-challenged company in physician community
- Rebuilt Clinical Advisory Committee to give advice to our company from broad range of sources including academic, group practice, solo practice, organized medicine
- Participated in Illinois State Medical Society including appointment to Council on Economics to stay in tune with needs and viewpoints of medical community which has conflicted relationship with managed care
- Spearheaded with team the cultural change to "Care Coordination" philosophy internally, eliminating utilization management approach
- For first time in company history achieved JCAHO accreditation with exceptionally high scores in local and site surveys. Full three year accreditation .
- Reconfigured quality management team and approach toward "active quality management"
- Headed Medicare network reconfiguration project as Head of Government Sales
- Made university connections for future research, with original proposals now in place
- Continued in medical practice on part-time basis, incorporating medical student and resident education activities
- Presented to CDC national conference on chronic care, participated in review of world literature on exercise in the elderly and continued to shepherd development and expansion of SHAPE, the Senior Health Alliance Promoting Exercise, in Chicago to improve the health of our community

#### **Humana Health Care Plans, Illinois**

**1997- 1999**

##### **Market Medical Director**

Responsible for medical management in approximately 750,000 member health plans in Illinois and northwest Indiana with POS, ASO, HMO, PPO and specialty lines of business. Lead through ongoing challenges to remain largest and first or second most profitable plan in Humana nationally. Managed through sale and divestiture of 220,000 member group medical practice, which had been an integral part of health plan from its inception

**1993-1997**

##### **Medical Director, Network Management**

Medical Director responsible at several levels for approximately 650,000 members in direct contract IPA-model, Point of Service, ASO contracts, PPO, as well as Staff Model and Affiliated Medical Groups of Staff Model. Assisted in expansion of this network from 60,000 in 1993 to 650,000 in 1997

Member of senior management of one of the largest multi-specialty medical group practices in the United States with 220,000 members and 220 employed physicians

Overall responsibility for direction and strategic planning of all Utilization Management activities in both Staff Model and contracted IPA-model managed care plans. Responsible for quality management, relationship management and involvement in strategic planning, network development, credentialing and contracting in the contracted network



**Rush Health Plans****1993                      Acting Medical Director**

130,000 member mixed-model Health Plan in Chicago

**1990-1993              Associate Medical Director for Utilization Management**

Overall responsibility for utilization of medical resources for the Rush Anchor HMO. Supervised department of 50 Utilization Management employees in 21 offices in Illinois and Indiana. Effected utilization of resources through consistent and directed cultural change in the medical practice of both employed physicians and network of consultant specialists

- Established and implemented policies which reduced non-Medicare hospital days utilization by 12%, yielding millions in decreased yearly hospital costs
- Supervised team of physicians managing care of patients from branch offices hospitalized at Rush-Presbyterian-St. Luke's Medical Center; improved efficiency of tertiary care and communication with network physicians. (Early "hospitalists")
- Directed development of comprehensive office and specialty-specific consultant directory prioritized by desirability of contract. Implemented use of directory in managing referrals within contracted network
- Authored organ transplant policy
- Originated, edited and published newsletter of clinical activities, incorporating Utilization Management, Quality Management and Pharmacy control data, in order to facilitate information dispersal throughout regional network

**1990                      Director of Quality Management  
Interim Director of Utilization Management**

Conducted case review and risk management activities. Promoted health maintenance protocols and policies in addition to directing Utilization Management department

**Professional Activities****United Healthcare**

- National Clinical Operations leadership team, United Healthcare, National Medical Director Medical Management Programs
- Key management North Division United Healthcare
- Senior Management, United Healthcare, Illinois
- Chairman, Medical Commission, Illinois Association of Health Plans
- Appointee to Governor's commission on Credentialing for State of Illinois
- Illinois State Medical Society Council on Economics
- Member of SIP13 Advisory Board, researching world literature on exercise in elderly under CDC/NIH grant
- Key participant in and founding member of SHAPE Senior Health Alliance Promoting Exercise Public/private coalition to promote health in Chicago area seniors
- Elected Member of the Institute of Medicine of Chicago, 2001
- Kickoff speaker and founding participant Antibiotic Education Council of Illinois October 2002



- Member of United Healthcare President's Leadership Development Program 2003
- Overall oversight internal and external disease management vendors, including chf, neonatology, diabetes, asthma
- Worked closely with companies developing predictive modeling using artificial intelligence to determine likely persons to fall into high risk medical categories over time (Landacorp)
- Organized north division clinical analytics team

**1993-1999 Humana**

- Senior Management, Humana Health Plans, Inc., Chicago Market
- NCQA steering committee for Chicago Market – successful full, three year accreditations twice
- Chair Clinical Quality Committee, Co-Chair Quality Council, Humana
- Chair, Market Utilization Management Committee, Humana Health Plans
- National Policy Committee, Humana, Inc., Corporate Office
- Corporate Technology Assessment Taskforce, Humana Health Plans, Inc.
- Corporate Management Reporting Taskforce, Humana Health Plans, Inc.
- Corporate Chronic Care Case Management Advisory Panel
- Corporate Disease Management Company Assessment and Implementation team/National Steering Committee. Oversight and evaluation of programs for CHF, Diabetes, Neonatology, Rare diseases, Coronary Artery Disease, Asthma, COPD
- Developed and implemented CHF disease management program in Chicago Market. Developed effectiveness comparisons with national programs
- Developed and implemented influenza and pneumonia immunization programs in both multi-specialty group practice and extended contracted physician Market network
- Working with teams, formulated approaches to measurement of surrogate indicators of health status decline: e.g. ER visits, hospital readmissions and developed programs to mitigate these declines
- Developed data and interrelated data trend analyses to monitor engaged populations for under-utilization of medical services.
- Chief Medical Editor Humana Corporate National Provider Newsletters
- National Humana Pharmacy and Therapeutics Committee
- Chairman, Illinois Association of HMOs Medical Commission
- Coordinated and managed 15 physician "hospitalist" program (until June 1998) at nine hospitals involving care of 180,000 patients - thought to be largest in U.S. at the time.
- Part-time clinical practice incorporating medical student and resident teaching
- Seminar with Heero Hacquebord (Dr Deming Partner) on statistical process control

**1990-1993 Rush Health Plans**

- Chair Member Services Committee which makes benefits policy decisions
- Chair Medical Advisory Committee which makes new technology policy decisions
- Co-chair of coordination team for joint primary care and subspecialty taskforces at Rush-Presbyterian-St. Luke's Medical Center to develop "critical paths" for management of specific clinical problems
- Professional Advisory Committee, Board of Trustees, Rush-Presbyterian-St. Luke's Health Plans, Inc. Advised the Board of Trustees on professional activities occurring in the Rush Health Plans, particularly those involving Quality Management and Utilization Management.
- Medical Advisory Board, Chartwell Midwest Home Infusion Services--a joint corporation with Tufts, New England Medical Center, Massachusetts General Hospital and Rush-Presbyterian-St. Luke's Medical Center. Provided medical oversight on policies and procedures used in home and clinic infusion services



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- Developed onsite physician rounding program at Rush for patients admitted from outlying Anchor offices
- Analyzed and developed activities toward reducing Medicare hospital readmission rates
- Expanded medical communication with publication of Clinical Newsletter to multispecialty group practice
- Early emphasis on "outcomes research", "clinical approach validity"—precursors of "evidence based medicine"
- Part-time clinical practice, Rush Anchor Multi-specialty Medical Group Practice

**1986-1990      Rush Health Plans**

- President, Medical Staff, Rush Anchor, 120 physician, multi-specialty group medical practice
- Member Board of Trustees, Rush-Presbyterian St. Luke's Health Plans
- Finance Committee, Rush-Presbyterian St. Luke's Health Plans Board of Trustees
- Corporate Oversight Committee on Credentials, Rush-Presbyterian St. Luke's Health Plans

As Medical Staff President participated in managed care administration as a member of the Executive Committee, attended regular administrative meetings of the line administration and was an active member of the Board of Trustees and committees of the Board

1984-1986      Secretary, Rush Anchor Medical Staff

**Professional Associations**

American Academy of Family Physicians  
 Illinois Academy of Family Physicians  
 Illinois Academy of Family Physician Foundation Board Member  
 Illinois State Medical Society (Council on Economics)  
 Illinois Association of Health Plans (Chair, Medical Commission)  
 American Geriatrics Society  
 American College of Physician Executives  
 Institute of Medicine of Chicago  
 Chicago Asthma Consortium (Advisor to Board)

**Certification**

Certified by the American Board of Family Medicine, October 1982, Recertified 2002, Recertified 2009  
 Certificate of Added Qualification in Geriatric Medicine 1988, 1998  
 Licensed Physician, Illinois 1978  
 Licensed Physician, Colorado 1983

**Post-Graduate Training**

1980-1982      Resident, Rush Presbyterian St. Luke's Medical Center - Christ Hospital Family Practice Program, Chicago, Illinois  
 1977-1978      Resident, Flexible Program, Illinois Masonic Medical Center, Chicago, Illinois  
 7/75 to 10/75      Clerkship, State University of New York at Buffalo, New York  
 8/76 to 3/77      Clerkship, State University of New York at Buffalo, New York



**Medical Practice Experience**

1998-present      Rush University Medical Center  
 1993-1998      Humana Health Care Plans, Evanston office  
 1982-1993      Rush-Presbyterian-St. Luke's Medical Center, Rush Anchor 120 physician multi-specialty group medical practice  
 1978-1980      General Practice, DeKalb, Illinois  
                     Northern Illinois University  
                     Men's Intercollegiate Sports Physician, Northern Illinois University

**Teaching Appointments**

1986-Present      Assistant Professor, Rush Medical College, Chicago, Illinois  
 1982-1986      Instructor, Rush Medical College, Chicago, Illinois  
 1969-1970      Teaching fellow, Washington University, St. Louis, Missouri

**Education (Medical)**

1970-1976      Medizinische Universität Graz, (University of Graz Medical School), Graz, Austria - M.D.  
 1969-1970      Washington University, St. Louis, Missouri, Graduate work in Developmental Biology  
 1965-1969      University of Illinois, Champaign, Illinois, Bachelor of Arts, Biology

**Education (Business)**

2002-3      Wharton School of Business, University of Pennsylvania, Executive Education Program  
 1999      Harvard School of Public Health, Executive Education Program Health Care Strategy  
 1997      Kellogg School of Business, Northwestern University, Executive Education Program  
 1994      NCQA Quality Improvement Systems Training. Boston, Mass.  
 1993      Kellogg School of Business, Northwestern University, Executive Education Program  
 1990-1994      American College of Physician Executives, PIM I, II and III (Medical Management)  
 1997      Emerging Role of Hospitalists, Goldman/Wachter, University of California San Francisco

**Some Presentations, Publications and Media:**

**2010 McGraw Hill Family Medicine Board Review Fourth Edition Editor, Chapter One: Cardiovascular**

**Rush Health 7th Annual Employer Symposium "Health Management Connectivity"** Keynote speaker.  
 Rush University Medical Center, Chicago. 2010

**CBS.com--EXPERIMENTAL TREATMENTS**

**TV appearance:** Presented the managed care perspective on decision-making for coverage of experimental treatments. At CBS affiliate Chicago, Illinois, 10 p.m. news

**ABC <http://www.healthsurfing.com/health/2000/02/07/>**

**TV appearance:** "Managing Managed Care : The debate over HMOs" produced by Sandy Krawitz, reported by Lucky Severson, story by Shawn O'Leary - "Health Surfing" July 2, 2000



**June 25, 2015****3:30 pm**

Chicago Public Radio WBEZ <http://www.wbez.org/frames.asp?HeaderURL=lv12hd.htm&BodyURL=search%5Cquery.asp>

Do insurance companies have a double standard? Eight Forty-Eight's Victoria Lautman talks with Illinois State Representative Mary Flowers and Dr. Norman Ryan, Chairman, Medical Directors Commission for the Illinois Association of Health Plans, about the lack of health insurance coverage for contraceptives August 12, 1999

PBS Fred Friendly Seminars, National Outreach Program, Bill Kurtis, Moderator  
"Who Cares: Chronic Illness in America." Panel discussion, 10/24/01

Centers for Disease Control, Atlanta, 16<sup>th</sup> Annual Chronic Disease Conference, Presentation: "Successful Strategies in the Dissemination and Diffusion of Health Promotion" 2/27/02

Kellogg School of Management, Northwestern University, Evanston, Illinois Seminar: "Managed Care Strategy" 7/30/03

Kellogg School of Management, Northwestern University, Evanston, Illinois Seminar: "Managed Care Strategy" 7/29/04

University of Illinois School of Public Health. Annual Lecture in Long-Term Care policy course: "Managed Medicare Principles" 1998 forward to date

Kellogg School of Business/Chest Foundation Case Competition Award winning team. May 2008  
OpenMic.Health: YouTube type videos about asthma real-life experiences created by young people in community for presentation in health clinic waiting rooms. Using "viral marketing" to spread positive asthma messages through target audiences. Interspersed with public health announcements, community service announcements, select advertising and packaged entertainment

Mentored/Advised team of graduate students from Northwestern Business and Medical Schools in development of sustainable business plan for company with *creative organizational model to provide the informational and behavioral assistance required to substantially increase the identification, education, prevention, and treatment of asthma among underserved populations in Chicago.*







**June 25, 2015****3:30 pm****11. Proof of Publication**

Although referenced in the application, publisher's affidavits or copies of the LOI in newspaper article with date and mast intact was omitted from the application.

a. Please provide this information to confirm publication of the LOI on June 10, 2015 in all 13 of the newspapers identified in the list that HSDA received on June 10, 2015 with the LOI.

b. In your response, please complete the table below showing the status of publication of the LOI in a newspaper of general circulation in each of the 22 counties in the CON application in accordance with state law.

County	Name of Newspaper of General Circulation	Address	Date LOI Published	How often is this Newspaper Distributed?
Cannon	Cannon Courier	210 West Water Street, Woodbury, TN 37190	June 10, 2015	Weekly
	Southern Standard	105 College St., McMinnville, TN 37110	June 10, 2015	Three days per week
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Clay	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Cumberland	Crossville Chronicle	125 West Ave. Crossville, TN 38555	June 10, 2015	Three days per week
DeKalb	Southern Standard	105 College St., McMinnville, TN 37110	June 10, 2015	Three days per week
	Smithville Review	106 South First Street Smithville, TN 37166	June 10, 2015	Weekly
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Fentress	Fentress Courier	P.O. Box 1198 Jamestown, TN 38556	June 10, 2015	Weekly
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Franklin	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Giles	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Humphreys	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Jackson	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily



**SUPPLEMENTAL #1****June 25, 2015****3:30 pm**

Lawrence	Lawrence County Advocate	121 North Military Street, Lawrenceburg, TN 38464	June 10, 2015	Daily
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Lewis	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Lincoln	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Macon	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Moore	Moore County News	P.O. Box 500 30 Hiles Street Lynchburg, TN 37352	June 10, 2015	Weekly
Overton	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Pickett	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Putnam	Herald-Citizen	1300 Neal Street Cookeville, TN 38501	June 10, 2015	Sunday-Friday
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Smith	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Stewart	Leaf-Chronicle	200 Commerce Street, Clarksville, TN 37040	June 10, 2015	Daily
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Trousdale	Hartsville Vidette	206 River St. Hartsville, TN 37074	June 10, 2015	Weekly
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
Van Buren	Southern Standard	105 College St., McMinnville, TN 37110	June 10, 2015	Three days per week
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily
White	Southern Standard	105 College St., McMinnville, TN 37110	June 10, 2015	Three days per week
	Tennessean	1100 Broadway, Nashville, TN 37203	June 10, 2015	Daily

The following counties border certain counties in the CON application:

Dickson	Dickson Herald	104 Church St, Dickson, TN 37055	June 10, 2015	Bi-weekly
Maury	Columbia Daily Herald	1115 South Main Street, Columbia, TN 38401	June 10, 2015	Sunday-Friday
Rutherford	Daily News Journal	224 North Walnut Street, Murfreesboro, TN 37130	June 10, 2015	Daily



June 25, 2015

3:30 pm

June 10, 2015

CANNON COURIER PAGE 17

# PUBLIC NOTICES



**ELL, General Contractor**  
**391 or Call 653-7485**

## At These ations:

Country Diner  
 W Market  
 Wing Market  
 mon Market  
 t's Service Station  
 ional Super Market  
 al Market (Hwy. 53S)  
 on's Market  
 FirstBank  
 Stop Market  
 way 53 Market  
 oe's Place  
 orne's Bi-Rite  
 sley's Market  
 arsley's #2  
 s Ace Hardware  
 k Shop Market  
 Rite Aid  
 sell's Market  
 ountain Market  
 ry Farmer's Co-Op  
 bury Save-A-Lot  
 son's Pharmacy

### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
 Andrew Jackson Building, 9th Floor  
 502 Deaderick Street  
 Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

To Be Run: June 10, 2015

reserves the right to reject any and all bids.

For further information contact  
 Wayne Hancock, Road Superintendent  
 at 615-563-4213

## INCREASED PAY & RAISES AT YOROZU WORK TODAY!

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[www.metroindustrialjobs.com](http://www.metroindustrialjobs.com)

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15266

**State of Tennessee,  
Cumberland County:** }

**Pauline D. Sherrer**

being duly sworn, upon her oath says, that she is the publisher of the CROSSVILLE CHRONICLE, a tri-weekly newspaper published in the State and County aforesaid; that the annexed and foregoing advertisement was published in said newspaper for One consecutive weeks;

Publication Dates Are:

6/10/15

2015

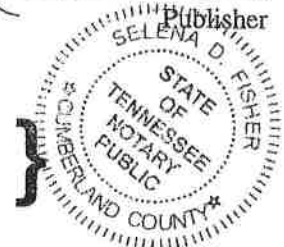
*Pauline D. Sherrer*

Subscribed and sworn to before me, this

15<sup>th</sup> day of June, 20 15

*Seena D. Fisher*

My commission expires, 4/8, 20 18





**June 25, 2015**

**3:30 pm**  
www.CentralTruckDrivingJobs.com (TrnScan)

or by fax at: 431-738-2019.  
Tri State Distribution is an EOE.

Tennessee:

Being all of Lot No. 2 of Quarry Road Subdivision, a plat of which subdivision is of record in Plat Book 3, Page 9, Register's Office, Cumberland County, Tennessee.

Being the same property conveyed to Jeffrey S. Allred and wife, Cora L. Allred, by Warranty Deed from Ruby Louise Grant, Willard Carl Campbell, Frances Marie Dunbar, William R. Campbell, Alberta Sue Dixon (one and the same person as Alberto Sue Dixon), and Kathy Maxine Presley, dated March 15, 1995 and recorded in Book D488, Page 414, Register's Office of Cumberland County, Tennessee.

Included in this conveyance is a 1995 mobile home, Serial #DSDAL11794AB.

This is Improved property known as 75 Sullivan Dr, Crossville, Tennessee 38555.

The following person(s) or

for flat rate service. Frontier also provides basic business services for rates from \$20.00 - \$40.05. Other taxes, fees, and surcharges may apply. Frontier offers single party service, touch tone, toll blocking, access to long distance, emergency services, operator assistance, and directory assistance. Use of these services may result in additional charges. Budget or economy services may also be available. If you have any questions regarding Frontier's rates or services, please call us at 1-800-921-8101 for further information or visit us at www.Frontier.com. 6/8/15  
CNS-2758572#  
CROSSVILLE  
CHRONICLE

**NOTICE OF SUBSTITUTE TRUSTEES SALE**

WHEREAS, default having been made in the payment of the debts and obligations secured by that certain Real Estate Deed of Trust for Tennessee executed on November 21, 1984, by James L. Miller and wife,

(and if such balance goes unpaid, USDA will retain the deposit and reforeclose) the following described property lying and being in the First Civil District in Cumberland County, Tennessee to wit:

A metes and bounds descriptions of the property is included in the deed referenced below.

Map 114 Parcel 20.15

PROPERTY ADDRESS: 390 Deathridge Road, Crossville, TN 38555

Being the same property conveyed to James L. Miller and wife, Patricia G. Miller by virtue of a Deed dated Nov. 12, 1984, of record in Deed Book 292, Page 765, Register's Office, Cumberland County, Tennessee

CURRENT OWNERS: James L. Miller and wife, Patricia G. Miller

The sale of the above-described property shall be subject to all matters shown on any recorded plan; any unpaid taxes; any restrictive covenants, easements or setback lines that may be applicable; any prior liens or encumbrances as well as any,

priority created by a fixture filing; and any matter that an accurate survey of the premises might disclose.

All right and equity of redemption, statutory or otherwise, homestead, or dower are expressly waived in said Deed(s) of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

Publication Dates: Dates

Cookeville, TN 38501  
http://www.resales.usda.gov

**NOTICE**

**RAYMOND BRANDON NORRIS**

The State of Tennessee, Department of Children's Services, has filed a Petition for Termination of Parental Rights as to Braydan Adam DeBord. It appears that ordinary process of law cannot be served upon you because your whereabouts are unknown. You are hereby ORDERED to serve upon Jill Marsee, Attorney for the Tennessee Department of Children's Services, 600 Hearwood Court, Cookeville, Tennessee 38506, (931) 646-3010, an Answer to the Petition for Termination of Parental Rights filed by the Tennessee Department of Children's Services, within five (5) days of the last day of publication of this notice, and pursuant to Rule 39(e) (1) of the Tenn. R. Juv. P. you must also appear in the Juvenile Court of

A metes and bounds descriptions of the property is included in the deed referenced below.

Map 114 Parcel 020.14

PROPERTY ADDRESS:

**Step up to the plate.**

**Director of Clinical Nutrition**  
Full-time position available. Must have accreditation from ADA-approved dietetic technician program and a bachelor's degree in nutritional services. At least one year of dietary experience with nutritional assessment and planning in a skilled healthcare facility or setting required. Some supervisory experience preferred. We offer great pay and benefits in a team-oriented environment.



Barbara.Jones@LCCA.com  
LifeCareCareers.com

937251 EOE/M/F/V/D

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

**NEW FLEET! TOP PAY! GREAT BENEFITS!**

**MDS**  
MORRISTOWN DRIVERS SERVICE INC.

(423) 289-0048

www.MDStrucking.com

**HIRING REGIONAL, OTR, AND TEAM DRIVERS**



Front Desk Night Auditor position needed. Apply in person at Hampton Inn, 64 Hospitality Drive.

**NURSING OP Life Care Cent**

**REGISTER**

Full-time position Shift. Must be a Ten

**CERTIFIED NUR**

Full-time position available shift. Must be a T nursing

Long-term care e We offer great p team oriente

Barbara Jones  
931-484-4782 | 931-456-680  
80 Justice St., Crossville, TN  
Barbara.Jones@LCCA  
LifeCareCenters.co  
EOE/M/F/V/D - 5753

**ADVOCAT PART**

Seeking part-time A provide direct service and Sexual Violence nights and weekend available for on-call minute re:

Requirements: HS I insurance; pass e excellent written an skills; proficient c complete 40 hours ongoing train

If Interested and m please fax resur

or n  
R.O. Box 3063, C  
No Cal



**1st Industrial**

Royal Oak Ent immediate Industrial available on 1st shift. years experience in with electrical motor preferably have exp-equipment and me Some weekend wor competitive wages a 401k Savings Plan.

Interested applica office Mon-Fri, 8:00 application or stop t Center.

Royal Oak E  
13870 Hwy 70N,  
Phone: 9



# RECALLS

General Help Wanted	General Help Wanted	General Help Wanted	General Help Wanted	Real Estate	Apartment Furnished
<b>HELP WANTED</b> - South Central Human Resource Agency is accepting applications for Teachers, Counselors, and Social Workers. Call (512) 465-4112 or email us at SCCHRA@scchra.com. P.O. Box 648, Georgetown, TX 77626.	<b>FLORIAN DESIGNER</b> - Taking applications for experienced designers. Call (512) 395-5145, email: florian@floriandesign.com	<b>COUNTRY SIDE</b> - HEATING/COOLING/HVAC/HUMIDITY. A/B. Accepting applications for a COTA. Call (512) 465-4112 or email us at COUNTRYSIDE@scchra.com	<b>HOW</b> - Homeowners, must be available weekdays. Apply in person at 1333 N. Main St., Suite 100, Dallas, TX 75201. Call (214) 343-1111.	<b>SPACIOUS</b> - 1,000 sq. ft. furnished apartment. Call (512) 395-5145.	<b>CALL US TO PLACE YOUR AD IN THIS SPOT!</b>
<b>HELP WANTED</b> - South Central Human Resource Agency is accepting applications for Teachers, Counselors, and Social Workers. Call (512) 465-4112 or email us at SCCHRA@scchra.com. P.O. Box 648, Georgetown, TX 77626.	<b>FLORIAN DESIGNER</b> - Taking applications for experienced designers. Call (512) 395-5145, email: florian@floriandesign.com	<b>COUNTRY SIDE</b> - HEATING/COOLING/HVAC/HUMIDITY. A/B. Accepting applications for a COTA. Call (512) 465-4112 or email us at COUNTRYSIDE@scchra.com	<b>HOW</b> - Homeowners, must be available weekdays. Apply in person at 1333 N. Main St., Suite 100, Dallas, TX 75201. Call (214) 343-1111.	<b>SPACIOUS</b> - 1,000 sq. ft. furnished apartment. Call (512) 395-5145.	<b>CALL US TO PLACE YOUR AD IN THIS SPOT!</b>
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**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-101 et seq., and the Rules of the Health Services and Development Agency, that Allen Women's and Children's Health LLC (a health agency with its principal office in Davidson County), owned and managed by Allen Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of Alzheimer's related patients and nonresidents with Alzheimer's and Parkinson's disease, in the following counties, to be added to its current service area, at a cost estimated at \$54,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Meigs, Putnam, Roane, Sevier, Sevier, Tennessee, Van Buren, and White.

The application is intended to a Home Health Agency by the Board for Licensing Health Care Facilities. The application principal office is located at 1935 Hayes Street, Suite 211, Nashville, TN 37203. This project does not contain major medical equipment or involve or discontinue any other health services and it will not affect any facility's licensed bed complement.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Williams, who may be reached at Development Support Group, 4219 Hillside Road, Suite 210, Nashville, TN 37215, (615) 465-5022.

Upon written request by interested parties, a local First-Filing public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
303 Dearfield Street  
Nashville, TN 37243  
Permitted by TCA Sec. 68-11-107(c)(1); (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than 115 days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objections with the Health Services and Development Agency on or prior to the consideration of the application by the Agency.

June 10, 2015

**SUBJECT: TRUSTEE'S SALE**

Sale at public auction will be on June 25, 2015 at 10:00AM local time, at the 41 Public Sq., Columbia TN 38401, pursuant to Decree of Trust executed by Joseph H. Hinkle (Trustee) and James M. Hinkle (Trustee) in favor of J.H. Hinkle, Trustee, on March 31, 2004 at Book 1879, Page 589, Instrument No. 04121614; as recorded at Book 1879 Page 1116, corrected at Book 1883 Page 1274 and further amended by Agreement recorded at Book 1223, Page 1781; all of record in the County of Davidson, Tennessee.

Property located to include security interest: Highway Church Road, Nashville, Tennessee, in and out of the

The following and same, located in the County of Davidson, Tennessee, will be sold to the highest bidder subject to all unpaid taxes, prior liens and encumbrances of record.

**SITUATION** is in the Eight (8th) Civil District of the County of Davidson, Tennessee and being more particularly described as follows:

Being Lot 1, Section 1A, Zone Subdivision, Columbia, Tennessee, according to plat of record in Book 344, Page 111, in the County of Davidson, Tennessee Register of Deeds Office.

Trustee: J.H. Hinkle  
Counsel: J.H. Hinkle  
Shirley A. Hinkle, Esq., Columbia, Tennessee 38401

Any property subject provided is not part of the legal description of the property and shall be the subject of any discrepancy, the legal description of the property shall prevail.

**SALE** is SUBJECT TO TRUSTEES' DISCRETION IN POSSESSION.

All right of equity of redemption, tenancy and otherwise, and homestead are expressly waived in said Decree of Trust, and the sale is intended to be final, and the undersigned will sell and convey only as Substantive Trustee.

If you purchase a property at the foreclosure sale, the entire purchase price is due and payable at the conclusion of the auction in the form of a certified check that must be payable to the order of Joseph H. Hinkle, LLC. No personal checks will be accepted. To this end, you must bring sufficient funds to enable the lender and any other lender to be paid in full. All cash must be accompanied by a certified check.

This property is being sold with the express understanding that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time.

Shirley A. Hinkle, Esq., LLP, Davidson, Tennessee  
Law Office of Joseph H. Hinkle, LLP  
10100 Pennington Parkway, Suite 400  
Chattanooga, TN 37416  
Phone: (423) 333-4146  
Fax: (423) 333-4155  
www.jhhllp.com  
P.O. Box 15-101005

May 27, 2015, 10:30



**June 25, 2015**

**3:30 pm**

**AFFIDAVIT OF PUBLICATION**

**0000506231**

**Newspaper** Daily News Journal

**TEAR SHEET  
ATTACHED**

**State of Tennessee**

**Account Number** NAS-60652965

**Advertiser** BASS, BERRY & SIMS (DNJ)

**RE: ALERE NOI**

*V. Lerry*

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

**06/10/16**

*V. Lerry*

Subscribed and sworn to before me this 11 day of June

*Sela Bates*

Notary Public



MY COMMISSION EXPIRES:  
MAY 6, 2019



**June 25, 2015**

**3:30 pm**

**Requirements and Skills:**

Technology aware - must be able to learn new technical skills / processes, PC skills (Microsoft Word, Excel, etc.) and 10 Key. Knowledge of telemarketing dialer preferred.

Apply Online: <http://bit.ly/1GwwJz6>

EOE: We recognize and appreciate the benefits of diversity in the workplace. People who share this belief or reflect a diverse background are encouraged to apply.

0000515150

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Stones River Manor, owned by Stones River Manor, Inc., a non-profit corporation, intends to file an application for a Certificate of Need for the establishment of a thirty (30) bed Medicare-certified skilled nursing facility. The location of Stones River Manor is 205 Haynes Drive, Murfreesboro, Tennessee 37129 (Rutherford County), and the estimated project cost is \$2,729,126.75.

The anticipated filing date of the application is on or before June 15, 2015. The contact person for this project is Michael D. Brent, Esq., who may be reached at Bradley Arant Boult Cummings LLP, 1600 Division Street, Suite 700, Nashville, Tennessee 37203. Mr. Brent's telephone number is (615) 252-2361 and his e-mail address is [mbrent@babco.com](mailto:mbrent@babco.com). Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

Pursuant to T.C.A. § 68-11-1607(c)(1), (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

0000506231

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alerie Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alerie Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Weltborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

any statutory rights of redemption of any governmental agency, state or federal; any prior liens or encumbrances as well as any priority created by a fixture filing; to any matter that an accurate survey of the premises might disclose; and subject to, but not limited to, the following parties who may claim an interest in the above-referenced property: none.

The following individuals or entities have an interest in the above-described property: (1) ANGELA W. QUICK, (2) JOHN D. QUICK, (3) The Tenants of 1810 MOONLIGHT DRIVE, LAVERNGE, TN 37086.

To the best of the Trustee's knowledge, information, and belief, there are no other Federal or State tax lien claimants or other claimants upon the subject property which would require notice pursuant to the terms and provision of T.C.A. § 35-5-104 or T.C.A. § 67-1-1433 or 26 U.S.C. § 7425.

The Successor Trustee may postpone the above referenced sale from time to time as needed without further publication. The Successor Trustee will announce the postponement on the date and at the time and location of the originally scheduled sale.

This is an attempt to collect a debt, and any information gathered in connection herewith will be utilized for that purpose.

DATED this 1st day of June, 2015  
Prepared by:  
Robert S. Coleman, Jr.  
Marinacci Law Group, P.C.  
1405 North Pierce, Suite 306  
Little Rock, Arkansas 72207  
Robert S. Coleman, Jr.  
Successor Trustee  
Newspaper Insertion Dates:  
June 3, 2015; June 10, 2015; and  
June 17, 2015

0000501940

**PUBLIC NOTICE**

The Rutherford County Schools have been inspected for asbestos containing building materials as required by Federal Law 40 CFR 763, the Asbestos Hazard Emergency Response Act (AHERA). The results of the inspections are compiled in a document referred to as the "Management Plan". The Management Plan is available for review upon request, during regular office hours, at either the Board of Education, Maintenance Department located at 2240 Southpark Dr., Murfreesboro, TN or at the individual schools. Please contact Steve Wise, Asbestos Program Manager, at 615-890-8585.

**FIND  
YOUR  
NEXT  
CAR**

**classified**  
Get Connected.

WOODBURY, 3 bdrm, 1 BA, main home on acreage, \$425, mo + dep. Some pets OK. Ken 1-366-428-3561, or Aubrey, 615-563-7385.

**Apt Unf-Rutherford**

**FRED  
FARRER  
PROPERTIES**

**Residential  
& Commercial**

**217-4206**

**Homes For Rent**

	PRICE	BR	BA
June-Berkshire	\$1400	3	2.5
RENTED	\$1150	3	2
RENTED	\$1100	3	2
RENTED	\$1050	3	2.5
RENTED	\$650	2	1
RENTED	\$600	2	1
NOW-Affordable	\$550	2	1

Pictures & Information  
@ [www.LindaDillon.com](http://www.LindaDillon.com)  
**615-890-6565**

**HOMES FOR RENT**

**Com/Industrial Lease**

**Swanson**  
OFFICE • WAREHOUSE • RETAIL  
INDUSTRIAL • MEDICAL  
MANUFACTURING • LAND  
LEASE • SELL • BUILD  
TRADE • BUY  
896-0000  
[www.swansonco.com](http://www.swansonco.com)

**FRED H. FARRER  
PROPERTIES  
COMMERCIAL LISTINGS  
615-217-4206**

1231 NW BROAD  
OFFICE SUITES AVAILABLE  
(UTILITIES INC)

839 A SPUR ST  
2150 SQ FT, OFFICE/  
WAREHOUSE \$2,500 MO

528 W BURTON  
600 SQ FT, OFFICE/  
WAREHOUSE \$2,900 MO

520 W LYTLE ST  
2 SUITES, 1034 SQ FT, OFFICE  
SPACE \$1,300 EACH

**Got  
Classifieds?  
classified**

**494-564**  
1911 Saddlebrook Dr  
Murfreesboro (off Northfield)  
[www.waldronandsons.com](http://www.waldronandsons.com)

**Apt Unf-Rutherford**

**Windsor Dr**

**\$300**

**First Month**

TO ANY NEW QUALIFYING TENANT

**1 & 2 Bedroom**

**1001 Mason  
Drive Sm**

(off Sam Ridley)

[www.waldronandsons.com](http://www.waldronandsons.com)

**459-7**

**Apt Unf-Rutherford**

**Haynes Mar**

**Haven Wood**

**Tremont**

**Maitland**

**Apts**

**FOUR G  
COMPL**

**Sign a Year's Lease**

**1st Month**

**\$0 Deposit at Som**

(Specials Differ by Compl)

**1 Bedro  
Start at \$46**

**2 Bedro  
Start at \$54**

**Please**

**890-0**

Office for All Co  
415 West Northfield Bl  
[www.waldronandsons.com](http://www.waldronandsons.com)

**Connect  
Fast!  
classified**

**Get  
Connected.  
classified**



## AFFIDAVIT OF PUBLICATION

0000502320

Newspaper Dickson Herald

TEAR SHEET  
ATTACHED

State of Tennessee

Account Number NAS-523833

Advertiser BASS, BERRY, & SIMS

RE: ALERE NOTICE OF INTENT

*W Perry* Sales Assistant for the above mentioned newspaper,  
hereby certify that the attached advertisement appeared in said newspaper on the following dates:

06/10/15

*R Perry*  
Subscribed and sworn to before me this 11 day of June

*Sela Bates*  
Notary Public



MY COMMISSION EXPIRES:  
MAY 6, 2019



**June 25, 2015**

or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1)(A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least (60) days before the date that is (4) months from the date of the first publication (or posting); or

(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1)(A); or

(2) Twelve (12) months from the decedent's date of death.

This 26th day of MAY, 2015.

SANDRA GAIL DUKE  
Personal Representative

DORA L. SALINAS

104 FREY STREET,

ASHLAND CITY, TN 37015

Attorney for the Estate

LUANNE GREER

Probate Court Clerk

Publication Dates:

June 10 & June 17, 2015

0000505463

**NOTICE TO CREDITORS**

Estate of JOHN

MICHAEL PHILLIPS

Notice is hereby given that

on the 26th day of MAY,

2015 letters of administra-

tion (or of testamentary as

the case may be) in re-

spect of the estate of

JOHN MICHAEL PHIL-

LIPS, who died MARCH

12, 2015, were issued to the

undersigned by the Pro-

bate Court of Dickson

County, Tennessee. All

persons, resident and non-

resident, having claims,

matured or unmatured,

against the estate are re-

quired to file the same

with the clerk of the above

named court on or before

the earlier of the dates

prescribed in (1) or (2)

otherwise their claims will

be forever barred:

(1)(A) Four (4) months

from the date of the first

publication (or posting, as

the case may be) of this

notice if the creditor re-

ceived an actual copy of

this notice to creditors at

least (60) days before the

date that is (4) months

from the date of the first

Public Notices

Public Notices

0000493038

**NOTICE OF CONVERSION FROM FEDERAL SAVINGS BANK TO STATE-CHARTERED SAVINGS BANK**

Notice is hereby given that, pursuant to T.C.A. Section 45-11-101 et seq. of the Tennessee Code, First Federal Bank, a federal savings bank ("Applicant"), with its main office located in Dickson, Tennessee, has filed application with the Commissioner of Financial Institutions for the State of Tennessee for permission to convert its charter from that of a federal savings bank to a state-chartered savings bank. Any person wishing to comment on or protest this application or any person having information which may have a bearing on the fitness of the Applicant, or any of its directors or officers, may file comments with the Commissioner of Financial Institutions, 400 Deaderick Street, 6th Floor Nashville, Tennessee 37243, or telephone the Department of Financial Institutions at (615) 741-5018. Written or telephonic notice must be made to the Commissioner within fifteen (15) days of this publication

0000502005

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

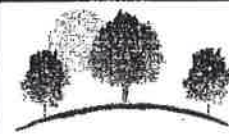
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Healthcare-Dental

Healthcare-Dental

**IMMEDIATE OPEN**



**AUTUMN HILLS**  
ASSISTED LIVING

**Registered Nurses**

**\$21.00 to \$26.00 per hour**

**Licensed Practical**

**Nurses**

**(All Shifts)**

**Salary Range \$15.00 to \$18.00 per hour**

**Certified Nursing**

**Assistants**

**salary range**

**\$9.00 to \$13.00 per hour**

**Housekeeper**

**11PM until 7AM**

Conveniently located just off I-40, is a short 20-minute drive to downtown Nashville. Autumn Hills has competitive salaries and benefits and with a friendly environment where patient care is our Central focus. Autumn Hills is a licensed 100-bed Assisted Living Facility.

Equal opportunity employer

1010 Camilla Caldwell Lane,

Nashville, Tennessee 37218-3000

Phone: 615-840-6000 • Fax: 615-687-4900

[www.Theautumnhillsassistedliving.com](http://www.Theautumnhillsassistedliving.com)

Continued to next column



June 25, 2015

3:30 pm

STATE OF TENNESSEE  
FENTRESS COUNTY

The undersigned - Bill Barden, Editor and  
 Publisher of the Fentress Courier, a newspaper published weekly in Jamestown, Tennessee  
 certifies that the attached notice was published in print and online at www.fentresscouriernews.com  
 and www.publicnoticeads.com during the duration of the run dates listed. This publication fully  
 complies with Tennessee Code Annotated 1-3-120. The attached notice was published for 1  
 consecutive weeks on the dates of June 10, 2015

, and

Bill Barden

Sworn to and subscribed before me this 10<sup>th</sup> day of June,  
2015



Sherinda S. Lee  
 Notary Public

My commission expires: February 25, 2019

NOTIFICATION OF INTENT  
TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with TCA §§ 68-11-1601 et seq. and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Madison, Moore, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service, and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
 Andrew Jackson Building, 9th Floor  
 502 Deaderick Street  
 Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1)-(A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly-scheduled Health Services and Development Agency meeting at which the application is originally scheduled and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



**June 25, 2015**

**3:30 pm**

**THE HARTSVILLE VIDETTE**  
**PUBLICATION CERTIFICATE**

This is to certify that the legal notice hereto attached was published in  
*The Hartsville Vidette*, a weekly newspaper published in the City of  
Hartsville, County of Trousdale, State of Tennessee on the following dates:

**Cost of Publication**

\$ 118.50

**Proof of Publication**

Signed: Melanie Ray

6-10-2015

Subscribed and sworn to before me

on this

day of

June

2015

My Commission expires:

2-11-19

**NOTIFICATION OF INTENT  
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# Herald-Citizen

PO Box 2729  
Cookeville, TN 38502-2729

Bass Berry & Sims / Attn: Laura Bilbrey

150 Third Ave South, Suite 2800

Nashville, TN 37201

Acct# 100855

State of Tennessee

County of Putnam ss

Mike DeLapp, of the city of Cookeville, in said county and state, being duly sworn, on his oath says that he is the Editor & Publisher of the Herald-Citizen, a daily newspaper of general circulation published in said city, and that the notice, a printed copy of which is hereto annexed, was published in said newspaper for one ( 1 ) day which publication was made on

June 10, 2015

This legal notice was published online at [www.herald-citizen.com](http://www.herald-citizen.com) and [www.publicnoticeads.com](http://www.publicnoticeads.com) during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.

  
Editor and Publisher

Subscribed and sworn to before me this 12th day of June, 2015.

  
Notary Public, Putnam County  
State of Tennessee

My commission expires 07/23/18

AMOUNT DUE \$153.44



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## Lawrence County Advocate Classifieds

www.lawrencecountyadvocate.net

Deadline for Sunday edition is Wednesday at 5:00 p.m.

Deadline for Wednesday edition is Friday at 5:00 p.m.

Phone 931-762-1726

\$3.50 for first 20 words  
10 cents each additional word

THE ADVOCATE does not wish for the legitimacy of jobs or money-making opportunities advertised in the classifieds. We suggest you call the advertiser directly and not send money to these advertisers unless you are certain you know with whom you are dealing and you know all terms and conditions of the offer.

## Caution to Our Readers

Some 800 numbers refer callers to 900 numbers. There is a charge for calling 900 numbers. We ask you to use discretion when calling those numbers.

## LEGAL NOTICES

TRUSTEE'S  
NOTICE OF  
FORECLOSURE  
SALE OF REAL  
ESTATE

Default having been made in the terms, conditions, and payments made and provided for in a Deed of Trust dated July 27, 2012 executed by Daniel J. O'Connell and Sara Hickling to Alan C. Betz, Trustee for the use and benefit of First Volunteer Bank of Tennessee and recorded in Record Book 390, Page 464, Register's Office of Lawrence County, Tennessee to secure the indebtedness therein described, and the entire indebtedness having been called due and payable as provided in said Deed of Trust, and said payment not having been made; and NOW, THEREFORE, notice is hereby given that I, the undersigned Trustee, under the powers and authority vested in me by said Deed of Trust, and having been requested to do so by the lawful owner and holder of said debt, will on Friday, July 10, 2015, at 11:00 A.M. at the east door of the Lawrence County Courthouse, sell at public auction or outcry to the highest bidder for cash, free from the equity of redemption, homestead, statutory right of redemption, and all other encumbrances and rights of every kind including a statutory right to an elective share, all of which are expressly waived in said Deed of Trust, the following tract of land in Lawrence County, Tennessee, more particularly described as follows: REAL ESTATE LO-

CATED IN THE ELEVENTH (11TH) CIVIL DISTRICT OF LAWRENCE COUNTY, TENNESSEE, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT IN THE CENTER OF CORBIN ROAD, BEING THE SOUTHWEST CORNER OF THE LANDS OF THOMAS TIDWELL AS SHOWN IN DEED BOOK 283 AT PAGE 684, THENCE RUNNING WITH THE CENTER OF CORBIN ROAD SOUTH 11° 19' 49" WEST 110.00 FEET TO A SPIKE, THENCE SOUTH 24° 50' 16" WEST 146.68 FEET TO A POINT, THENCE LEAVING SAID ROAD RUNNING WITH THE CENTER OF CORBIN ROAD SOUTH 82° 14' 45" EAST 449.95 FEET TO A POINT, BEING THE TRUE POINT OF BEGINNING FOR THIS TRACT, THENCE RUNNING IN SAID EASEMENT NORTH 82° 14' 45" WEST 197.78 FEET, THENCE LEAVING SAID EASEMENT SOUTH 7° 14' 45" EAST 225.01 FEET TO AN IRON PIN, THENCE RUNNING WITH THE SOUTH BOUNDARY OF THOMAS TIDWELL AS SHOWN IN DEED BOOK 283 AT PAGE 684, SOUTH 82° 14' 45" EAST 200.00 FEET TO AN IRON PIN, THENCE RUNNING WITH A LINE DIVISION SOUTH 7° 45' 15" WEST 225 FEET TO THE POINT OF BEGINNING. ACCORDING TO A SURVEY PREPARED BY D. P. SURVEYING. SEE ALSO, AFFIDAVIT (MANUFACTURED

HOME), OF RECORD IN BOOK 288, PAGE 745, IN THE REGISTER'S OFFICE OF LAWRENCE COUNTY, TENNESSEE. This being the same property conveyed to Daniel J. O'Connell and Sara Hickling, tenants by the entirety from Secretary of Housing and Urban Development by Cash Deed for Tennessee dated September 12, 2011 of record in Record Book 371, Page 162, POLCO, Tennessee. Sara Hickling being one and the same person as Sara Beth Hickling.

Property address: 59 Black Jack Court, Summertown, TN 38483 Map 7, Parcel 120.00 Current Owner: Daniel J. O'Connell and Sara O'Connell, aka Sara Hickling That the proceeds of the said sale will be applied first to all expenses of the sale including but not limited to, reasonable Trustee's and attorney's fees and the costs of publication; secondly, to pay all sums secured by the Deed of Trust, and thirdly, if any remains, to the person or persons legally entitled to it. This sale will be made subject to all matters shown on any recorded plat, and any all unpaid taxes and assessments, all valid recorded liens, covenants, easements, setbacks, lines, fixture filings, or liens of any record on said property and any matter that accurate survey of the premises might disclose. This property is to be sold in my capacity as Trustee and no further or otherwise, and the buyer shall rely upon his own good judgment and investigation as to the status of the title. The right is reserved to adjourn the day of the sale to another day without further publication upon announcement at the time and place for the sale set forth above. THIS IS AN ATTEMPT TO COLLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

This 4th day of June, 2015  
ALAN C. BETZ  
TRUSTEE (BPR #10372)  
22 Public Square -  
P.O. Box 488  
Lawrenceburg,  
Tennessee 38464  
(931) 762-4767  
B/Jn16,17,24  
\*\*\*\*\*

NOTICE OF SALE Pursuant to Section 66-31-105(2) (G), Tennessee Code Annotated, notice is hereby given that the contents of space Numbers 62, 83, 93, 125, 128, 136, 148, 151, 202, 275, 309, 371, 376, 384, D, D4, D13, S15, S51, S94 in the self-storage facility known as McFall Mini Storage will be sold at auction for cash at 10 a.m. on Saturday, July 11, 2015 at 1201 Buffalo Road, Lawrenceburg, Tennessee, to satisfy an owner's lien on such contents, claimed by McFall Mini Storage. Said self-storage facility is located at the address set forth above where the sale will take place. The name of the occupant (lessee) of said space Number is 62 Kandi Sue Gaines, 83 Kevin Tyler, 93 Melia Brazier, 125 Frank Odle, 128 Cameron Wallace, 136 Mignon Nicole Diaz, 148 Teka Englett, 151 Andrew Meadows, 202 Keith Myers, 275 Cindy Bell, 309 Evelyn Hood, 371 Shayla Fleming, 376 Renee Jean Martin, D Amanda Crowley, D8 Judy Rose, D13 Teka Weeks, S94 Joe Harvey Vanderford. DATED this 1st day of June, 2015.  
McFall Mini Storage  
By: Mirley McFall  
Title: Owner  
B/Jn17,10  
\*\*\*\*\*

CASE NO.: P1508-15  
IN THE MATTER OF THE ESTATE OF:  
JO BELL HOLLIS  
Deceased resident of Lawrence County, Tennessee  
Notice is hereby given that on the 27th day of May, 2015, Letters Testamentary, in respect to the Estate of JO BELL HOLLIS who died April 17, 2015, were issued to the undersigned by the Probate Court of Lawrence County, Tennessee.

All persons, resident and non-resident, having claims, matured or unmatured against the Estate are required to file the same with the Clerk of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:  
(1) (A) Four (4) months from the date of the first publication (or posting), as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of first publication (or posting), as the case may be) of this notice to creditors at least sixty (60) days from the date of the decedent's date of death.  
(2) Twelve (12) months from the date of first publication (or posting), as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days from the date of the decedent's date of death.  
This is the 27th day of May, 2015.  
Deborah Gilchrist  
Co-Executor  
Roger Hendrix  
Co-Executor  
Kristy Gang  
Clerk and Master  
Shannon Gallett  
Deputy Clerk  
William M. Harris

#19686  
Attorney for the Estate  
P.O. Box 743  
120 Buffalo Road  
Lawrenceburg, TN 38464  
(931) 766-0580  
P/Jn3,10  
\*\*\*\*\*

IN THE PROBATE COURT OF LAWRENCE COUNTY, TENNESSEE  
NOTICE TO CREDITORS (As Required by Chapter No. 866, Public Acts of Tennessee 2012, TCA §30-2-306(b))  
CASE NO.: P1508-15  
IN THE MATTER OF THE ESTATE OF:  
J.W. KRICK  
Deceased resident of Lawrence County, Tennessee  
Notice is hereby given that on the 27th day of May, 2015, Letters Testamentary, in respect to the Estate of J.W. KRICK who died May 4, 2015, were issued to the undersigned by the Probate Court of Lawrence County, Tennessee.

All persons, resident and non-resident, having claims, matured or unmatured against the Estate are required to file the same with the Clerk of the above named Court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:  
(1) (A) Four (4) months from the date of the first publication (or posting), as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of first publication (or posting), as the case may be) of this notice to creditors at least sixty (60) days from the date of the decedent's date of death.  
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This is the 27th day of May, 2015.  
Deborah Gilchrist  
Co-Executor  
Roger Hendrix  
Co-Executor  
Kristy Gang  
Clerk and Master  
Shannon Gallett  
Deputy Clerk  
William M. Harris

months from the date of the first publication (or posting), as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting), as the case may be) of this notice to creditors at least sixty (60) days from the date of the decedent's date of death.  
This is the 27th day of May, 2015.  
Vickie L. Krick  
Executor  
Kristy Gang  
Clerk and Master  
Sheryl Lopp  
Deputy Clerk  
David L. Aller  
Attorney for the Estate  
200 Main Avenue  
P.O. Box 366  
Lawrenceburg, TN 38464  
(931) 762-0011  
P/Jn3,10

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Assurance Operations Corporation  
has an immediate opening for  
Mig Welders

Experience required. Monday-Thursdays (10+ hr. shifts). Required to work overtime as needed. Production welding and manufacturing of industrial metal racks and other parts. Qualifications include: lifting 50+ pounds, stand, turn, and bend for 10+ hour shifts. Must read/understand measurements. Must provide own gear including hood and be prepared to take a weld test when applying.

Qualified candidates should apply in person, Monday-Friday 8:30 a.m. - 3:00 p.m. at Assurance Operations Corporation, 2005 Liberty Avenue, Lawrenceburg, TN 38464 Equal Opportunity Employer

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TO APPLY FOR A CERTIFICATE OF NEED

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Need Help  
Finding a JOB?  
FREE SERVICES:  
• Resume Assistance  
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Local Employers  
• Training &  
Certifications  
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more info!  
Career  
Solutions  
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Lawrenceburg, TN  
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adrian@autotechpropane.com

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931-703-2423 / 931-703-4597  
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Plumbing/Home Repair since 1991  
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Repair, Replace, New Install, Etc. Repair  
Bathroom Remodels, Complete Re-Pipes  
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Call Scott 931-242-3461

ATTENTION! EXTENSION  
CLEANING SERVICE  
931-620-5713  
1001 N. 1st Avenue  
716 Davis Dr.  
Lawrenceburg, TN 38464  
Miss Whitman  
Owner

Rap Farms  
Custom Hay Service  
Cutting, Raking  
and Baling  
Call Josh  
931-241-9436



# AFFIDAVIT OF PUBLICATION

0000506160

Newspaper Leaf Chronicle

TEAR SHEET  
ATTACHED

State of Tennessee

Account Number NAS-00519401

Advertiser BASS, BERRY & SIMS (LEAF)

RE: ALERE WOMEN'S & CHILDREN'S HEALTH

V Perry Sales Assistant for the above mentioned newspaper,  
hereby certify that the attached advertisement appeared in said newspaper on the following dates:

06/10/15

V Perry  
Subscribed and sworn to before me this 11 day of June

Sela Bates  
Notary Public



MY COMMISSION EXPIRES:  
MAY 6, 2019



ions?  
able to contaminants in drinking water than the general  
d persons such as persons with cancer undergoing  
ndergone organ transplants, people with HIV/AIDS or other  
lerly and infants can be particularly at risk from infections.  
bout their personal sanitation, food preparation, handling  
r from their health care providers. EPA/CDC guidelines on  
k of contaminants are available from Safe Drinking Water

ur drinking water contact Steve Davis, Manager,  
ct (931-648-2365).  
ón muy importante. Tradúzcalo o hable con alguien

Level Found in CCR Units	Range of Detection	Violation	Date of Sample	Likely Source of Contamination
0	N/A	N	Twice Monthly	Naturally present in the environment
0.04 ntu avg.	.02-.20 ntu	N	Daily	Soil runoff
5.4 ppm		N	6/14/2014	Erosion of natural deposits; used in water treatment
1.8 ppm avg	1.4-3.1 ppm	N	Daily	Water additive used to control microbes.
.14 ppb 90th percentile		N	July 13	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives.
2.5 ppb 90th percentile		N	July 13	Corrosion of household plumbing systems; erosion of natural deposits
.026 mg/l avg	017-.056 mg/l	N	Quarterly 2014	By product of drinking water chlorination.
.040 mg/l avg	020-.052 mg/l	N	Quarterly 2014	By product of drinking water chlorination.
1.6 ppm	1.6-1.8 ppm	N	Monthly	Naturally present in te environment.

a presented in this table is from testing done between  
, 2014. We monitor for contaminants less than once per  
3 date of the last sample shown in the table.

ble level of a contaminant in water which is delivered at  
of the ultimate user of a public water system, except in  
ere the maximum permissible level is measured at the  
ribution system. Contaminants added to the water under  
id by the user, except those resulting from corrosion of  
used by water quality, are excluded from this definition.  
Level Goal, or the level of a contaminant in drinking water  
own or expected risk of health. MCLGs allow for a margin

nfectant Level - The highest level of disinfectant allowed  
is convincing evidence that addition of a disinfectant is  
l of microbial contaminants.

infectant Level Goal - The level of a drinking water  
h there is no known or expected risk to health. MRDLGs  
efits of the use of disinfectants to control microbial

Unit, used to measure cloudiness in drinking water  
ncentration of a contaminant which, when exceeded,  
er requirements which a water system must follow.  
of water making the water appear cloudy. The condition  
matter. Turbidity does not present any risk to your health.  
cause it is a good indicator that the filtration process is

a required process  
evel of a contaminant PPT: parts per trillion or  
nanograms per liter  
ograms per liter pCi/l: pico Curies per liter, a  
grams per liter measure of radioactivity

ater must be less than or equal to 0.3 NTU in at least 95 percent of measurements taken each  
r.  
es in excess of the MCL over many years may experience problems with their liver, kidneys,  
f getting cancer.  
gank Carbon in 2014.

distribution. You are fur-  
ther directed to file your  
defense with the Clerk of  
the Court and send a copy  
to the Plaintiff's attorney  
at the address listed be-  
low.

In case of your failure to  
defend this action by the  
above date, judgment by  
default may be rendered  
against you for the relief  
demanded in the com-  
plaint.

Issued: MAY 13, 2015  
Ted A. Crozier Jr., Clerk  
and Master  
By Freida Travis  
Deputy C&M  
Attorney for Plaintiff  
ROCONI JR, LARRY A  
308 SOUTH 2ND STREET  
CLARKSVILLE, TN 37040  
May 20, 27, & June 3, 10,  
2015

0000465707  
IN THE CHANCERY  
COURT OF  
MONTGOMERY  
COUNTY,  
TENNESSEE AT  
CLARKSVILLE

NON-RESIDENT NOTICE  
CASE No. MC CH CV RE  
15 0000015

TO: ALL PERSONS  
KNOWN OR UNKNOWN,  
CLAIMING ANY RIGHT,  
TITLE, ESTATE, LIEN  
OR INTEREST IN THE  
REAL, PROPERTY DE-  
SCRIBED HEREIN AD-  
VERSE, TO THE PETI-  
TIONER'S TITLE  
ADDRESS UNKNOWN  
You are ordered to appear  
and defend a civil action  
filed against you entitled  
HEDRICK, BERRY  
SCHREVE  
VS

HARP, RAMONA  
H O L E M A N ,  
EQUIVANTAGE, INC.  
AND ALL PERSONS,  
KNOWN OR UNKNOWN,  
CLAIMING ANY RIGHT,  
TITLE, ESTATE, LIEN  
OR INTEREST IN THE  
REAL, PROPERTY DE-  
SCRIBED HEREIN AD-  
VERSE; TO THE  
PETITIONERS TITLE  
Which had been filed in  
Chancery Court,  
Montgomery County,  
Tennessee, and your de-  
fense must be made with-  
in thirty (30) days from  
the date of the last publi-  
cation of this notice;  
which shall be published  
for four consecutive weeks  
in the publication of local  
distribution. You are fur-  
ther directed to file your  
defense with the Clerk of  
the Court and send a copy  
to the Plaintiff's attorney  
at the address listed be-  
low.

In case of your failure to  
defend this action by the  
above date, judgment by  
default may be rendered  
against you for the relief  
demanded in the com-  
plaint.

Issued: MAY 13, 2015  
Ted A. Crozier Jr., Clerk  
and Master  
By Freida Travis

Continued to next column

## SUPPLEMENTAL #1

CLARKSVILLE, TN 37043  
Insertion Dates: May 27,  
27, & June 3, 10, 2015

0000467836

IN THE CIRCUIT  
COURT FOR  
MONTGOMERY  
COUNTY  
TENNESSEE AT  
CLARKSVILLE

NON RESIDENT NOTICE  
CASE NUMBER: 15 CV  
425

TO: DIAMOND ZAKIA  
GRICE  
You are ordered to appear  
and defend a civil action  
filed against you entitled  
TYRELL JAMAAL  
GRICE  
VS.

DIAMOND ZAKIA GRICE  
which has been filed in  
Circuit Court,  
Montgomery County,  
Tennessee, and your de-  
fense must be made with-  
in thirty (30) days from  
the date of the last publi-  
cation of this notice,  
which shall be published  
for four consecutive weeks

Continued to next column

NOTICE OF FORECLOSURE  
SURE SALE OF REAL  
ESTATE

June 25, 2015  
3:30 pm

On June 29, 2012, by  
Deed of Trust placed of  
record on June 29, 2012, at  
11:12 a.m., in Official Re-  
cord Book Volume 1452,  
Page 2992, in the office of  
the Register of Deeds for  
Montgomery County,  
Tennessee, (the "Deed of  
Trust"), Travis Azure (the  
"Mortgagor") conveyed to  
Jonathan R. Vinson,  
Trustee, (the "Trustee")  
the hereinafter described  
real estate, to secure the  
payment of a promissory  
note as described therein  
(the "Note"), payable to  
the order of Heritage  
Bank USA, Inc., a Ken-  
tucky State Chartered  
Commercial Bank, f/k/a  
Heritage Bank, a Federal-  
ly Chartered Savings  
Bank (the "Holder").

The Deed of Trust pro-  
vided that in the event of  
default in the payment of  
the Note, when due, then  
the entire balance of the

Continued to next column

0000506160

### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services  
and Development Agency and all interested parties, in  
accordance with T.C.A. §§ 68-11-1601 et seq., and the  
Rules of the Health Services and Development Agency,  
that Alerre Women's and Children's Health LLC (a  
home health agency with its principal office in David-  
son County), owned and managed by Alerre Women's  
and Children's Health, LLC (a limited liability compa-  
ny), intends to file an application for a Certificate of  
Need to provide home health agency services exclu-  
sively limited to the care of high-risk obstetrical pa-  
tients and newborns with antepartum and postpartum  
needs, in the following counties, to be added to its cur-  
rent service area, at a cost estimated at \$84,000:  
Cannon, Clay, Cumberland, DeKalb, Fentress,  
Franklin, Giles, Humphreys, Jackson, Lawrence,  
Lewis, Lincoln, Macon, Moore, Overton, Pickett,  
Putnam, Smith, Stewart, Trousdale, Van Buren, and  
White.

The applicant is licensed as a Home Health Agency by  
the Board for Licensing Health Care facilities. The ap-  
plicant's principal office is located at 1926 Hayes  
Street, Suite 111, Nashville, TN 37203. The project  
does not contain major medical equipment or initiate  
or discontinue any other health service; and it will not  
affect any facility's licensed bed complements.

The anticipated date of filing the application is on or  
before June 15, 2015. The contact person for the pro-  
ject is John Wellborn, who may be reached at Develop-  
ment Support Group, 4219 Hillsboro Road, Suite 210,  
Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local  
Fact-Finding public hearing shall be conducted. Writ-  
ten requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health  
care institution wishing to oppose a Certificate of  
Need application must file a written objection with the  
Health Services and Development Agency no later  
than fifteen (15) days before the regularly scheduled  
Health Services and Development Agency meeting at  
which the application is originally scheduled, and (B)  
any other person wishing to oppose the application  
must file written objection with the Health Services  
and Development Agency at or prior to the considera-  
tion of the application by the Agency.



June 25, 2015

3:30 pm

06/22/2015 MON 8:41 FAX 1 931 759 6838 Moore County News

001/001

615-742-0459

## AFFIDAVIT OF PUBLICATION

STATE OF TENNESSEE

COUNTY OF Moore

PERSONALLY appeared before me June 22, of Moore  
County, Tennessee, Robert Holman, who being first sworn, made oath that he/she  
is an authorized representative of the Moore County News, a newspaper of general circulation,  
published in the City of Lynchburg, County of Moore and State of Tennessee, and that the  
hereto attached publication was published and mailed to subscribers and otherwise available to  
the public on the following date:

June 10, 2015

Robert Holman  
Authorized Representative

Sworn to and subscribed before me this 22<sup>nd</sup> day of June, 2015.

Nancy C. Hatfield  
Notary Public

Commission expires: 5-22-2019



# Moore County News Classifieds

Source to Buy, Sell, or Trade

Call 931-393-5505

Toll Free 1-888-836-6237

30 PUBLIC NOTICES

Triff D. Trott, Plaintiff, vs. Daniel Trott, of record in Book Miscellaneous page 73 of the Register of Deeds Office for Moore County, Tennessee, will expose to sale the highest bidder, cash, the interest of Daniel C. Trott in the following real property in the 8th (8th) Civil District of Moore County, Tennessee, Map 017, parcel 1.00] being more particularly described as follows:

130 PUBLIC NOTICES

Beginning at a point in the center of Warren Hollow Road at the northeast corner of the Housch property (DB56, page 294) and being the southeast corner of the herein described property; thence leaving said center of road North 89 deg. 22 min. 05 sec. West 12.30 feet to an 8" hackberry at fence corner on the west side of said road; thence leaving said margin of road North 89 deg. 22 min. 05

130 PUBLIC NOTICES

sec. West 324.78 feet to a 6" hackberry at fence corner; thence South 28 deg. 34 min. 30 sec. West 42.50 feet to a twin boxelder on east side of creek; thence South 11 deg. 30 min. 14 sec. West 48.61 feet to a boxelder cluster on east side of creek; thence South 01 deg. 28 min. 12 sec. West 56.89 feet to a 12" hackberry on east side of creek; thence South 05 deg. 02 min. 18 sec.

130 PUBLIC NOTICES

East 38.02 feet to a 6" hackberry on east side of creek; thence South 01 deg. 47 min. 46 sec. West 52.70 feet to a 12" hackberry on east side of creek; thence South 10 deg. 13 min. 51 sec. West 22.06 feet to a 36" boxelder on east side of creek at the northeast corner of

130 PUBLIC NOTICES

the Penniman property (DB 51, p. 450); thence crossing over said creek South 81 deg. 34 min. 37 sec. West 49.47 feet to a metal pin found in fence; thence North 19 deg. 54 min. 13 sec. West 76.39 feet to a metal pin found in fence; thence North 50 deg. 52 min. 57 sec. West 140.32 feet to

130 PUBLIC NOTICES

West 338.88 feet to a point in fence; thence North 49 deg. 09 min. 13 sec. West 214.34 feet to a post in fence; thence North 47 deg. 02 min. 25 sec. West 207.81 feet to a 15" walnut south side of creek; thence South 83 deg. 00 min. 27 sec. West 140.32 feet to

130 PUBLIC NOTICES

a point in fence; thence South 84 deg. 04 min. 17 sec. West 176.23 feet to a point in fence; thence South 82 deg. 35 min. 09 sec. West 261.71 feet to a point in fence; thence South 84 deg. 11 min. 25 sec. West 546.28 feet to a t-post in fence; thence South 85

## STATE COMMUNITY COLLEGE

ing applications for the following position:

### Custodian

#137

ine date: June 23, 2015

Moore County Campus

close supervision and will work second shift. Work performed maintaining assigned areas and other related activities. The able for keeping the assigned area and/or building(s) in a clean, re condition within the prescribed manner and in accordance to and standards. The custodian will maintain her/his assigned area ate of operational excellence such that they present no interruptions, to the curricular learning process at the Motlow facilities. ther related activities as required.

### Skills Requirements:

Equivalent required.

applicants must submit an online application and resume at e the online application is complete and a resume is attached mber will be given to the applicant.

Human Resources Office, Dept. 200  
Motlow State Community College  
P.O. Box 8500, Lynchburg, TN 37352  
ephone (931) 393-1541, TDD (931) 393-1621  
E-mail: [humanresources@mscc.edu](mailto:humanresources@mscc.edu)  
Website: [www.mscc.edu](http://www.mscc.edu)

is an EEO/AA/Title VI/Title IX/Sections 504/ADA employer

## NOTIFICATION OF INTENT

### TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



June 25, 2015

3:30 pm

**COST OF PUBLICATION**First Insertion \$ 126.00

Second Insertion \_\_\_\_\_

Third Insertion \_\_\_\_\_

Fourth Insertion \_\_\_\_\_

Fifth Insertion \_\_\_\_\_

Total \$ 126.00**PROOF OF PUBLICATION****STATE OF TENNESSEE  
COUNTY OF DeKALB**PERSONALLY appeared before me SHARON PATRICK

\_\_\_\_\_ of Warren County, Tennessee,

PHYLLIS VANATTA,

who being first sworn, made oath that

he/she is an authorized representative of the Smithville Review, a newspaper of general circulation, published in the City of Smithville, County of DeKalb and State of Tennessee, and that the hereto attached publication appeared in the same on the follow dates:

June 10 2015

\_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ 20\_\_\_\_\_

Phyllis Vanatta  
Authorized Representative

**NOTIFICATION OF INTENT  
TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service, and it will not affect any facility's licensed bed complements.

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before me on this 6th day of

June 2015  
Sharon Patrick

Notary

Commission expires

10-15-16



**June 25, 2015**

**3:30 pm**

**COST OF PUBLICATION**

First Insertion \$ 100.75

Second Insertion \_\_\_\_\_

Third Insertion \_\_\_\_\_

Fourth Insertion \_\_\_\_\_

Fifth Insertion \_\_\_\_\_

Total \$ 100.75

**PROOF OF PUBLICATION**

**STATE OF TENNESSEE  
COUNTY OF WARREN**

PERSONALLY appeared before me SHARON PATRICK

\_\_\_\_\_ of Warren County, Tennessee,

PHYLLIS VARATTA, who being first sworn, made oath that he/she is an authorized representative of the Southern Standard/Warren County Pennysaver, a newspaper of general circulation, published in the City of McMinnville, County of Warren and State of Tennessee, and that the hereto attached publication appeared in the same on the follow dates:

June 10 20 15  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 20\_\_\_\_

Phyllis Varatta  
Authorized Representative

Subscribed and sworn to before me on this 16th day of

June 20 15  
Sharon Patrick  
Notary

My commission expires 10-15-16

**NOTIFICATION OF INTENT  
TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq. and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County) owned and managed by Alere Women's and Children's Health, LLC (a limited liability company) intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care Facilities. The applicant's principal office is located at 426 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service, and it will not affect any facilities licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

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**June 25, 2015**

**3:30 pm**

**AFFIDAVIT OF PUBLICATION**

0000502005

Newspaper The Tennessean

**TEAR SHEET  
ATTACHED**

**State of Tennessee**

Account Number NAS-523833

Advertiser BASS, BERRY, & SIMS

RE: ALERE NOI NOTICE

*W. Perry*

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

06/10/15

*W. Perry*

Subscribed and sworn to before me this

11

day of

*June*

*Lela Bates*

Notary Public



COMMISSION EXPIRES:  
MAY 6, 2019



**June 25, 2015**

**3:30 pm**

**6D WEDNESDAY, JUNE 10, 2015**

# CLASSIFIED

Continued from last column

VI, UNITS 6-11, AS SHOWN BY PLAT APPEARING OF RECORD IN PLAT BOOK 35, PAGE 25, 1 IN THE REGISTER'S OFFICE OF RUTHERFORD COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR MORE COMPLETE DETAILS OF SAID LOT. BEING THE SAME PROPERTY CONVEYED TO MARCUS DEWAYNE RHODES, JR. BY WARRANTY DEED FROM AMERICAN HOME

Continued to next column

Continued from last column

CONSTRUCTORS, INC. A TENNESSEE CORPORATION AS OF RECORD IN RECORD BOOK 1065, PAGE 2969, REGISTER'S OFFICE FOR RUTHERFORD, TENNESSEE. THIS IS IMPROVED PROPERTY KNOWN AS 4213 AURORA CIRCLE, MURFREESBORO, TN 37127 (AKA 4213 AURORA CIRCLE #6-A, MURFREESBORO, TN 37127). PARCEL # 1260 A 00200. THE SALE OF THE SUBJECT PROPERTY IS WITHOUT

Continued to next column

Continued from last column

WARRANTY OF ANY KIND, AND IS FURTHER SUBJECT TO THE RIGHT OF ANY TENANT(S) OR OTHER PARTIES OR ENTITIES IN POSSESSION OF THE PROPERTY. ANY REPRESENTATION CONCERNING ANY ASPECT OF THE SUBJECT PROPERTY BY A THIRD PARTY IS NOT THE REPRESENTATION/RESPONSIBILITY OF TRUSTEE(S)/ SUBSTITUTE TRUSTEE(S) OR THEIR OFFICE.

THIS SALE IS SUBJECT TO ANY UNPAID TAXES, IF ANY, ANY PRIOR LIENS OR ENCUMBRANCES, LEASES, EASEMENTS AND ALL OTHER MATTERS WHICH TAKE PRIORITY OVER THE DEED OF TRUST UNDER WHICH THIS FORECLOSURE SALE IS CONDUCTED, INCLUDING BUT NOT LIMITED TO THE PRIORITY OF ANY FIXTURE FILING. IF THE U.S. DEPARTMENT OF THE TREASURY/ INTERNAL REVENUE SERVICE, THE STATE OF TENNESSEE DEPARTMENT OF REVENUE, OR THE STATE OF TENNESSEE DEPARTMENT OF LABOR AND WORK FORCE DEVELOPMENT ARE LISTED AS INTERESTED PARTIES IN THE ADVERTISEMENT, THEN THE NOTICE OF THIS FORECLOSURE IS BEING GIVEN TO THEM, AND THE SALE WILL BE SUBJECT TO THE APPLICABLE GOVERNMENTAL ENTITIES RIGHT TO REDEEM THE PROPERTY, ALL AS REQUIRED BY 26 U.S.C. 7425 AND T.C.A. 67-1-1433. THE NOTICE REQUIREMENTS OF T.C.A. 35-5-101 ET SEQ. HAVE BEEN MET. THE RIGHT IS RESERVED TO ADJOURN THE DAY OF THE SALE TO ANOTHER DAY, TIME AND PLACE CERTAIN WITHOUT FURTHER PUBLICATION, UPON ANNOUNCEMENT AT THE TIME AND PLACE FOR THE SALE SET FORTH ABOVE. THE TRUSTEE/SUBSTITUTE TRUSTEE RESERVES THE RIGHT TO RESCIND THE SALE. IF YOU PURCHASE A PROPERTY AT THE FORECLOSURE SALE, THE ENTIRE PURCHASE PRICE IS DUE AND PAYABLE AT THE CONCLUSION OF THE AUCTION IN THE FORM OF A

Continued to next column

Continued from last column

CERTIFIED/BANK CHECK MADE PAYABLE TO OR ENDORSED TO LAW OFFICE OF J. PHILLIP JONES. NO PERSONAL CHECKS WILL BE ACCEPTED. TO THIS END, YOU MUST BRING SUFFICIENT FUNDS TO OUBID THE LENDER AND ANY OTHER BIDDERS. INSUFFICIENT FUNDS WILL NOT BE ACCEPTED. AMOUNTS RECEIVED IN EXCESS OF THE WINNING BID WILL BE REFUND TO THE SUCCESSFUL PURCHASER AT THE TIME THE FORECLOSURE DEED IS DELIVERED. OTHER INTERESTED PARTIES: AURORA PLACE HOMEOWNERS ASSOCIATION, INC.; ASCEND FEDERAL CREDIT UNION. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

This day, May 27, 2015. This is improved property known as 4213 AURORA CIRCLE, MURFREESBORO, TN 37127 (AKA 4213 AURORA CIRCLE #6-A, MURFREESBORO, TN 37127). J. PHILLIP JONES/ JESSICA D. BINKLEY, SUBSTITUTE TRUSTEE 1800 HAYES STREET NASHVILLE, TN 37203 (615) 254-4430 www.phillipjoneslaw.com www.auction.com FT5-0465

0000505269

## SUBSTITUTE TRUSTEE'S NOTICE OF FORECLOSURE SALE

Default having been made in the terms, conditions, and payments provided in a certain Deed of Trust dated SEPTEMBER 30, 1998, executed by AUTUMN EVERETT, UNMARRIED (NKA AUTUMN PRATHER), to DANIEL W. SMALL, Trustee, of record in BOOK 11142, PAGE 939, for the benefit of GUARANTY TRUST COMPANY, in the Register's Office for DAVIDSON County, Tennessee and to J. PHILLIP JONES AND/OR JESSICA D. BINKLEY, either of whom may act, appointed as Substitute Trustee in an instrument of record in the Register's Office for DAVIDSON County, Tennessee, to secure the indebtedness described; WHEREAS, the said Deed of Trust was last assigned to

Continued to next column

Continued from last column

TENNESSEE HOUSING DEVELOPMENT AGENCY entire indebtedness been declared due and by TENNESSEE HC DEVELOPMENT AGENCY AND THROUGH SERVICER AND ALIENED AGENT, U.S. NATIONAL ASSOCIATION the present owner/hc authorized agent, desic servicer of the holder/said indebtedness, has a reded foreclosure proceed be instituted; and as p in said Deed of Trust PHILLIP JONES/ JESS BINKLEY, will by virtue power and authority ve me as Substitute Trust THURSDAY, AUGUST AT 10:00 A.M., AT FRONT ENTRANCE O HISTORIC DAVIDSON TY COURTHOUSE, ONI LIC SQUARE, NASH/ DAVIDSON CO TENNESSEE, sell to th est bidder for cash, fre the equity of reded homestead, and dower, other exemptions which pressly waived, and sub any unpaid taxes, if a followinga described prop DAVIDSON County, Ten to wit: PROPERTY LOCATE THE COUNTY OF DAVI TENNESSEE: LAND IN DAVIDSON TY, TENNESSEE, LOT NO. 184B ON THE OF ZONE LOT DIVISIO 181 THRU 186, 192 AN THRU 202 PICCA SQUARE PHASE II, O CORD IN BOOK 6250, P AND AMENDED IN 6900, PAGE 14, SAID F TER'S OFFICE. SAID LOT NO. 184B FI 32.33 FEET ON THE N EASTERLY MARGIN STRAND FLEET DRIVE EXTENDS BACK 132.23 ON THE NORTHWEST LINE AND 132.23 FEE THE SOUTHEASTERLY TO A DEAD LINE IN REAR, MEASURING FEET THEREON. BEING THE SAME PRI TY CONVEYED BY DEI EVEN DATE AND BEIN CORDED SIMULTANEC HEREWITH. BEING THE SAME PRI TY CONVEYED TO AU EVERETT, BY WARR DEED DATED SEPT.

Continued to next column

## Public Notices

0000502005

### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

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# CLASSIFIED

## Whats Hot

## Announce

messages & notices...

## Happy Ads

**LOCAL HOT GAYS !!**

## Domestic Pets

MALTESE & SHIH-POO Mix, adorable, look like little teddy bears, 1st shots, wormed. Will meet. \$400. 931-638-2038

MINIATURE PINSCHER CKC Reg. Female puppy, 9 wks old, tail docked, \$300. Call for pics, 615-210-4114

POMERANIAN PUPPIES CKC Reg. Gorgeous teddy bear, very fluffy, male & female, 615-952-4125; 931-217-2682

POMERANIAN reg. puppies, 1 white, 1 toy, 2 others, ready to go, 1st worming, 931-571-0157

## Davidson Southwest

## Estate Sale

GREEN HILLS, Thurs-Sat, June 4-6, 9am-3pm, 3607 Meadow Dr. ESTATE SALE BY CORODUROY HORSE ANTIQUES. Exceptional antiques/collectibles

## Sumner County

## Homes For Rent

GOODLETTSVILLE Exec Home on golf course, 3503 sq.ft. 4 Bdrm w/private balconies, 3.5 BA, 2 car attached gar, bonus rm, \$2500 mo. Avail July 1st 615-474-3315

## Duplexes

INGLEWOOD 2 Bdrm, 1 BA, fully remodeled, in good area, stove, fridge furnished, w/d hookups. Sec 8 welcome. \$650 mo. 1 yr lease. 615-838-6252

## Lots and Bldg Sit

GALLATIN Womack Creek Estates Subd. 68 total lots. 11 ft veloped with underground utility Sewer system. Call 615-352-

## Marshall County

MARSHALL COUNTY, 2445 BE RD, 3 bdrm, 2 bath, 2,973 sq ft, acre level lot, scenic views, garage/ work shop, pagoda stylt Less than 30 min. from downtown Nashville. \$299,000

MOVING SALE



June 25, 2015

3:30 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Alvir Women's & Children's Health, LLC

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.



John L Wellborn  
Signature/Title  
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 25<sup>th</sup> day of June, 2015,  
witness my hand at office in the County of DAVIDSON, State of Tennessee.

Jan M. Danforth  
NOTARY PUBLIC

My commission expires July 2, 2018



# ORIGINAL

## - #1

Alere Women's & Childrens Health

CN1506-025



July 16, 2015

Jeff Grimm, HSD Examiner  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application CN1506-025  
Alere Women's and Children's Health

Dear Mr. Grimm:

This letter responds to the questions remaining in your first request for supplemental information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

**3. Section A, Applicant Profile, Item 12**

**HSDA staff is aware that home health agencies in Tennessee need Medicare certification in order to participate in TennCare MCOs. However, the comments indicate that Medicare certification is not necessary for the reasons provided. With a TennCare payor mix of approximately 48% or higher, what sort of exemption or waiver did the applicant receive from TennCare in this regard?**

No exemption or waiver from TennCare was necessary for Alere because the TennCare regulations requiring participation in Medicare in order to obtain reimbursement from TennCare do not apply to Alere.

As explained in the application, Alere does not meet the requirements for a Medicare provider number. This results from the fact that Alere treats young, pregnant women exclusively and does not consistently maintain the minimum average patient census needed to participate in Medicare. The lack of a Medicare provider number, however, does not limit Alere's ability to work with the TennCare MCOs.

Unlike all (or virtually all) other home health providers in Tennessee, Alere is not paid using either the TennCare or Medicare fee schedules. Indeed, most of the highly specialized services provided by Alere are not covered by either the TennCare or Medicare fee schedules. Nonetheless, the TennCare MCOs want to make these services available to their members due to the demonstrated health benefits and the significant cost savings that Alere's services make possible through sharply reduced maternal and



Page Two  
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NICU hospitalizations. To accomplish this, the TennCare MCOs independently contract with Alere on a fee-for-service basis using a negotiated fee schedule that is separate and distinct from either the TennCare or Medicare fee schedules. Under this arrangement, the MCOs pay Alere out of their own pockets and do not seek reimbursement for Alere's services from TennCare. Simply stated, Alere is not paid with TennCare dollars. Nor do the MCOs submit encounter data regarding Alere's services to TennCare.

To be clear, however, Alere does participate directly in the TennCare program as a DME supplier. TennCare has issued a DME supplier provider number (#5440128) to Alere. It is our understanding that this fully satisfies any participation requirement that must be met in order for Alere to contract with the TennCare MCOs in the manner described above. To repeat, the MCOs do not pay Alere using the TennCare or Medicare fee schedules and do not seek reimbursement for Alere's services from TennCare.

Should the Agency have any further questions on this topic, Alere has arranged for HSDA staff to speak with Mr. Kit Dockery, Principal, Ancillary Networks, at BlueCare. Mr. Dockery is very familiar with this topic, and we are happy to facilitate a discussion as needed.

**7. Section C, Need Item 5 and 6 (Historical and Projected Utilization)**

**c. Contractual adjustments from charges amounts to approximately 60% of gross operating revenue. It seems that the applicant's high TennCare mix (71% average) may be the primary factor that accounts for the large amounts provided for contractual adjustments in Year 1 and Year 2. Please clarify by describing how TennCare reimburses for the applicant's services.**

The TennCare MCO's--not TennCare--contract with Alere at a pre-negotiated per diem rate. Each MCO pays 100% of its negotiated rate.

**d. Net Operating Revenue in the Historical Data Chart and the Projected Data Chart (current and proposed counties chart version) differs from the amounts shown in Table 16 on page 56 (payor mix profile table). Please clarify.**

Table Sixteen on page 56 was designed to show payor mix data before contractual adjustment for bad debt. The Historical and Projected Data Charts are full income and expense statements that specifically require showing and deducting bad debt. To use 2014 as an example, the Historical Data Chart for 2014 shows net operating revenue after deduction of \$22,985 of Bad Debt. If you add that bad debt amount back into net operating revenue, you have a total of \$673,189, as Alere's financial staff showed in Table 16.



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**e. Using the staffing plan shown in Table 18 on page 60, the \$45,373 allocated in Year 1 for salaries and wages expense (Line D.1) for the additional 4.8 FTE per diem nursing staff for the 22 counties appears to be understated. Please clarify.**

The Table Eighteen staffing plan on page 60 shows current year (2015) salary ranges. Alere has changed the way it pays its per diem nursing staff, resulting in paying less in patient educator fees and converting the per diem employees from a PRN model to part time or full time employees. So Years One and Two on the Projected Data Chart, which are 2016-2017, accurately reflect what will be paid.

**f. Please clarify why the \$1,786,408 gross operating revenue in the Historical Data Chart (\$8,932/patient) differs from the \$1,706,408 (\$8,532/patient) in Table 14 on page 53.**

The gross revenue amount in Table Fourteen contained a typographical error. The accurate figure is \$1,786,408, as in the Historical Data Chart. So Table Fourteen should be identical, with an average gross charge of \$8,932. Attached at the end of this letter is revised page 53R correcting the Table.

#### **8. Section C, Economic Feasibility Item 2 and Item 4**

**b. Review of the Consolidated Balance Sheets for the parent company revealed an excess of current liabilities over current assets for the 2013, 2014 and 2015 fiscal year periods such that the company's current ratio may be below industry norm. Although it is understood that the capital costs of the proposal are primarily consulting fees and are minimal, is sufficient cash from cash reserves available to support the project in light of United Health Group's current obligations (such as accounts payable) as identified in current liabilities?**

Yes; sufficient cash reserves are available for this minimal project cost, regardless of the ratio. This is affirmed in the commitment letter from the Chief Financial Officer of Optum Health Care Solutions dated June 17, 2015.



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July 16, 2015

**9. Section C. Economic Feasibility Item 5 (Average Gross Charges)**

The response with charts is noted.

**What accounts for the decrease from the average gross charge of \$8,930 in the Historical Data Chart in 2014 to the average gross charge of approximately \$6,787 per patient in Year 1 that is shown in Table 13B? Please clarify.**

The decrease is due to a change in the mix of therapies/services Alere provided to patients. In 2014, Alere provided services with a higher average selling price ("ASP"), which resulted in higher revenues that year. The therapy mix has changed now; Alere is serving patients with therapies that have a lower ASP.

**10. Section C, Economic Feasibility, Item 9**

The projected payor mix information in Table 16 on page 56 of the application is noted.

**a. As noted in an earlier question, the amounts for Net Revenue for 2014, Year 1 and Year 2 differ from the Historical and Projected Data Charts. Please explain.**

Please see the response to question 7d above. Table Sixteen on page 56 was designed to show payor mix data before contractual adjustment for bad debt. The Historical and Projected Data Charts are full income and expense statements that specifically require showing and deducting bad debt. To use 2014 as an example, the Historical Data Chart for 2014 shows net operating revenue after deduction of \$22,985 of Bad Debt. If you add that bad debt amount back into net operating revenue, you have a total of \$673,189, as Alere's financial staff showed in Table 16.



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July 16, 2015

**11. Proof of Publication**

**Although referenced in the application, publisher's affidavits or copies of the LOI in newspaper article with date and mast intact was omitted from the application.**

**a. Please provide this information to confirm publication of the LOI on June 10, 2015 in all 13 of the newspapers identified in the list that HSDA received on June 10, 2015 with the LOI.**


An additional newspaper proof of publication has been received since the last supplemental response; it is attached at the end of this letter.

**Support Letters**

As indicated in the previous response, support letters are not yet available. Alere knows that they are important in the staff review and is working to obtain as many as possible for simultaneous submittal. It was thought best to go ahead and get the specific supplemental responses to you as early as possible.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,



John Wellborn  
Consultant



**C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.**

<b>Table Thirteen-A : Average Charges, Deductions, and Net Charges Alere/Davidson Agency--Proposed 22 New Counties Only</b>		
	<b>CY2016</b>	<b>CY2017</b>
Patients	42	43
Average Gross Charge Per Patient	\$6,779	\$6,779
Average Deduction Per Patient	\$4,435	\$4,435
Average Net Charge (Net Operating Income) Per Patient	\$2,344	\$2,344
Average Net Operating Income Per Patient After Capital Expenditures	\$939	\$911

<b>Table Thirteen-B : Average Charges, Deductions, and Net Charges Alere / Davidson Agency--Current Plus Proposed Counties</b>		
	<b>CY2016</b>	<b>CY2017</b>
Patients	331	373
Average Gross Charge Per Patient	\$6,787	\$6,786
Average Deduction Per Patient	\$4,440	\$4,440
Average Net Charge (Net Operating Income) Per Patient	\$2,347	\$2,347
Average Net Operating Income Per Patient After Capital Expenditures	\$821	\$807

**C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.**

<b>Table Fourteen: Alere/Davidson's Charges Per Patient</b>		
	<b>CY2014</b>	<b>Year 2--CY2016</b>
Agency Total Unduplicated Patients	200	373
Gross Charges, All Services	\$1,786,408	\$2,531,348
Gross Charges Per Patient	\$8,932	\$6,786

*Source: Alere management; Historic and Projected Cost Charts.*



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ABSOLUTE AUCTION**  
BIDDING ENDS JUNE 23  
\*\*\*PRIME COMMERCIAL PROPERTY\*\*\*  
**11.72± ACRES**  
IN 2 TRACTS  
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931.526.2307 WWW.TAYSAUCTIONS.COM  
TAYS

**ESTATE AUCTION**  
Thursday, July 2nd @ 9:00 AM  
453 Acres in 5 tracts  
• House • Barns • Cattle • Equipment •  
250 Hittson Lane, Huntland, TN  
**VanMassey.com**  
for photos & more information  
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Van Massey Auction & Realty - TN Lic #3713

## Rodeo

Continued from PAGE 1A

event was the use of a "Kiddie Pool" for the younger anglers.

The event drew visitors from as far away as Texas, Indiana, and Ohio for a chance to "catch a rainbow". Twelve large

display trout were also released to be caught.

Cosponsored by the U.S. Fish and Wildlife Service, Tennessee Wildlife Resources Agency (TWRA), U.S. Army Corps of Engineers (Corps), Friends of Dale Hollow National Fish Hatchery, Friends of Dale Hollow Lake, and the citizens of Clay

County, Tennessee the rodeo presents a unique opportunity for families to spend quality time together and to connect children with nature.

The role of master of ceremonies was shared by Clay County Sheriff Brandon Boone and TWRA Assistant Chief of Fisheries Frank Fiss.

Facepainting by

Teresa Nevans was available, the Friends Groups distributed free hot dogs, and Corps Ranger Bobby Bartlett manned a water safety information table.

Local and area businesses and individuals donated prizes, tackle, bait, drinks, advertising, and their time to help make the rodeo a success.

## Rating

Continued from PAGE 1A

Fewer than 10% of the nation's banks can claim this title.

Established in 1919, today Macon Bank & Trust Company (www.

maconbankandtrust.com) operates through seven conveniently located branch offices in Celina, Lafayette, Red Boiling Springs and Westmoreland, Tennessee.

Karen L. Dorway, president of BauerFinancial notes that, for the first time, we see Big Banks acknowledging the value in relationship

banking. That's something community banks, like Macon Bank & Trust Company, have always known. In fact, she continues, because of their inherent focus on relationships, community banks are uniquely positioned to serve their communities in a way no one else can. Those relationships pay off for both Macon Bank &

Trust Company and the customers it serves."

BauerFinancial has been reporting on and analyzing the performance of U.S. banks and credit unions since 1983. No institution can pay for or opt out of a BauerFinancial rating. Consumers may see star-ratings of other banks for free by visiting www.bauerfinancial.com.

### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that Alere Women's and Children's Health LLC (a home health agency with its principal office in Davidson County), owned and managed by Alere Women's and Children's Health, LLC (a limited liability company), intends to file an application for a Certificate of Need to provide home health agency services exclusively limited to the care of high-risk obstetrical patients and newborns with antepartum and postpartum needs, in the following counties, to be added to its current service area, at a cost estimated at \$84,000: Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Giles, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Moore, Overton, Pickett, Putnam, Smith, Stewart, Trousdale, Van Buren, and White.

The applicant is licensed as a Home Health Agency by the Board for Licensing Health Care facilities. The applicant's principal office is located at 1926 Hayes Street, Suite 111, Nashville, TN 37203. The project does not contain major medical equipment or initiate or discontinue any other health service; and it will not affect any facility's licensed bed complements.

The anticipated date of filing the application is on or before June 15, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

**BANK OF CELINA**  
CITIZENS BANK • LIBERTY STATE BANK  
SMITH COUNTY BANK • TRADERS BANK

Turn Your Everyday  
Purchases Into  
**Cash Back!**



## Library News

### Special guests coming June 25

By JUDITH CUTRIGHT  
Director of Library Services

The Clay County Library would like to remind all parents that story time is every Tuesday and Thursday at 9:30. Mr. Bond and the Science Guys will be here on Thursday, June 25, at 10:00.

The library will be closed on Friday, July 4.

New books in this week are "Married 'til Monday" by Denise Hunter, "Those Jensen Boys" by William W. Johnstone, "Tail of Shadows" by Luran Paine, "Amish Promises" by Leslie Gould, "Together With You" by Victoria Bylin, "The Breaking Point" by Jefferson Bass, "A Heart's

Betrayal" by Colleen Coble, "The Darkling Child" by Terry Brooks, "All the Single Ladies" by Dorothea Benton Frank, "Second Life" by S. J. Watson, "The Fixer" by Joseph Finder, "Blueprints" by Barbara Delinsky, and "Dead Ice" by Laurell K. Hamilton. Come in and check us out!

## Nanny's Favorites

Bible verses and recipes are reprinted from the late Edwina Napier's long-running "Food for Thought" column.

### Fruit desserts sure do hit the spot

#### Bible Verse

Let the word of Christ dwell in you richly in all wisdom; teaching and admonishing one another in psalms and hymns and spiritual songs, singing with grace in your hearts unto the Lord.  
Colossians 3:16

#### Cherry Salad

two (3 oz.) pkgs. cherry jello  
2 cups boiling water  
one (20 oz.) can crushed pineapple  
one (21 oz.) can cherry pie filling  
one (8 oz.) pkg. cream cheese  
1/2 cup sugar  
1/2 cup sour cream

1 teaspoon vanilla extract  
1/2 cup chopped nuts  
In a large bowl, combine jello and hot water. Add pineapple and cherry pie filling. Pour into a 8 x 10 inch glass dish. Chill until set.

Soften cream cheese and mix well with sugar. Blend in sour cream and vanilla. Spread over gelatin mixture. Sprinkle with nuts. Serves 6.

#### Pineapple Pie

2/3 cup sugar  
1/3 cup flour  
1/4 teaspoon salt  
3 tablespoons lemon juice

1 cup water  
1 cup crushed pineapple (small can)  
3 egg yolks  
2 tablespoons butter  
one baked pie shell  
Blend sugar, flour and salt. Add lemon juice, water, pineapple and egg yolks and mix well. Cook over low heat until thick; add butter and stir until well mixed. Pour into baked pie shell.  
Make meringue of egg whites and 1/3 cup sugar. Place on pie and brown in 325 degree oven.



In memory of  
**EDWINA  
NAPIER**

## Obituaries

### Gene Hickman, 77

RED BOILING SPRINGS-Funeral services for Gene Hickman of Hermitage Springs were conducted Thursday, June 4,

followed in the Hermitage Springs Cemetery. Pallbearers were Curtis Hickman, Lucas Hickman, Jace Fraley, Adam Bryant, Indalecio Reyes, and Michael

Browning on September 18, 2010, who survives. Gene was a farmer and a member of the Hermitage Springs Church of Christ.



**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Alere Women's + Children's Health

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

John L Wellborn  
Signature/Title  
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 16<sup>th</sup> day of July, 2015,  
witness my hand at office in the County of DAVIDSON, State of Tennessee.

[Signature]  
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02





# Supplemental #2 -Original-

Alere Women's and  
Children's Health

CN1506-025



**July 29, 2015**

**9:27 am**

July 28, 2015

Jeff Grimm, HSD Examiner  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application CN1506-025  
Alere Women's and Children's Health

Dear Mr. Grimm:

This letter responds to the questions remaining in your July 24 request for supplemental information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

**5. Section C, Need, Item (Project Specific Criteria)**

**(a) Items 5.A and 5.C – It is understood that the applicant is gathering the requested letters from physicians and residents of the proposed 22 counties. However, the applicant should be aware that if the information is not submitted by month end, HSDA's initial review of the application will continue in accordance with the process described in the closing section of this letter below.**

**The response indicating that the applicant is continuing to gather letters of support is noted. Just to add to the original request, the applicant may wish to include letters of support for its proposed services from management representatives of hospitals located in the proposed additional 22 counties. As a reminder, initial review of the application must be completed by the August 19, 2015 date noted in the instructions contained in the last section of this letter below.**

Regrettably, support letters are not yet available. Alere knows that they are important in the staff review and will continue to work diligently with physicians and organizations who serve these patients to put their support in writing.



**July 29, 2015****9:27 am**

Page Two  
July 28, 2015

**7. Section C, Need Item 5 and 6 (Historical and Projected Utilization)**

- (d) Net Operating Revenue in the Historical Data Chart and the Projected Data Chart (current and proposed counties chart version) differs from the amounts shown in Table 16 on page 56 (payor mix profile table). Please clarify.

The responses for items 7.c through 7.f are noted.

In your response for Item 7.d, you explained that the \$673,189 Net Operating Revenue amount shown in Table 16 is Net Operating Revenue before \$22,985 of bad debt expense. The response is understood. Thank you for the clarification.

However, HSDA would appreciate clarification of Table 11-B that identifies \$637,027 for total gross revenue reported to the Tennessee Department of Health (TDH) for the 2014 Joint Annual report (JAR) reporting period. Since TDH defines total gross revenue as total charges on page 3 of the provider JAR, it is unclear why the \$1,786,408 total gross operating revenue in the 2014 Historical Data Chart on page 49 of the application would not be the amount that the applicant reported to TDH in the 2014 provider JAR. Please explain.

Schedule D--Finances, in the Joint Annual Report, instructs the preparer to *"Enter the amount of gross revenue (your total charges) that your organization received from each of the sources listed during the reporting period."*

Alere understands this to be the contracted rates Alere has pre-negotiated with all payors. They are reported as net revenue because they are the amounts that are (a) *billed to*, and (b) *actually received from*, the payors. That is the only way for Alere to follow the JAR instructions as they are currently written.



**July 29, 2015****9:27 am**

Page Three  
July 28, 2015

**1. Proof of Publication**

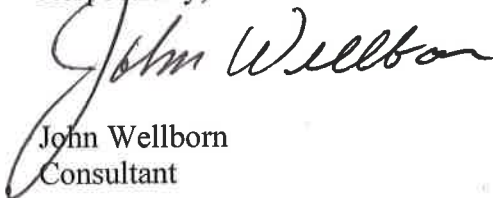
Although referenced in the application, publisher's affidavits or copies of the LOI in newspaper article with date and mast intact was omitted from the application. Please provide this information to confirm publication of the LOI on June 10, 2015 in all 13 of the newspapers identified in the list that HSDA received on June 10, 2015 with the LOI.

Thank you for submitting the proof of publication of the LOI on June 10, 2015 for the Dale Hollow Horizon. Please complete the table below to highlight general information about the paper.

County	Name of Newspaper of General Circulation	Address	Date LOI Published	How often is this Newspaper Distributed?
Clay	Dale Hollow Horizon	121 Donaldson Ave P.O. Box 69 Celina, TN 38551	June 10, 2015	Weekly

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,



John Wellborn  
Consultant



**ONLINE ONLY ABSOLUTE AUCTION**  
**BIDDING ENDS JUNE 23**  
**\*\*\*PRIME COMMERCIAL PROPERTY\*\*\***  
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**TAYS**  
 122 MARKET STREET  
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 Call today to schedule a viewing or to place a bid. Auction ends at 11:00 AM on June 23rd.

## Rodeo

Continued from PAGE 1A

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## ESTATE AUCTION

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453 Acres in 5 tracts  
 • House • Barns • Cattle • Equipment •  
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Continued from PAGE 1A

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BauerFinancial has been reporting on and analyzing the performance of U.S. banks and credit unions since 1983. No institution can pay for or opt out of a BauerFinancial rating. Consumers may see star ratings of other banks for free by visiting www.bauerfinancial.com.

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## BANK OF CELINA

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 Purchases Into  
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 Colossians 3:16

#### Cherry Salad

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 one (20 oz.) can crushed pineapple  
 one (21 oz.) can cherry pie filling  
 one (8 oz.) pkg. cream cheese  
 1/2 cup sugar  
 1/2 cup sour cream

1 teaspoon vanilla extract  
 1/2 cup chopped nuts  
 In a large bowl, combine Jello and hot water. Add pineapple and cherry pie filling. Pour into a 8 x 10 inch glass dish. Chill until set.

Soften cream cheese and mix well with sugar. Blend in sour cream and vanilla. Spread over gelatin mixture. Sprinkle with nuts. Serves 6.

#### Pineapple Pie

2/3 cup sugar  
 1/3 cup flour  
 1/4 teaspoon salt  
 3 tablespoons lemon juice

1 cup water  
 1 cup crushed pineapple (small can)  
 3 egg yolks  
 2 tablespoons butter  
 one baked pie shell  
 Blend sugar, flour and salt. Add lemon juice, water, pineapple and egg yolks and mix well. Cook over low heat until thick; add butter and stir until well mixed. Pour into baked pie shell.

Make meringue of egg whites and 1/3 cup sugar. Place on pie and brown in 325 degree oven.

In memory of  
**EDWINA  
 NAPIER**



## Obituaries

**Gene Hickman, 77**  
 RED BOILING SPRINGS—Funeral services for Gene Hickman of Hermitage Springs were conduct-

followed in the Hermitage Springs Cemetery. Pallbearers were Curtis Hickman, Lucas Hickman, Jace Fraley, Adam Bryant, Indalecio

Browning on September 18, 2010, who survives. Gene was a farmer and a member of the Hermitage Springs Church of Christ.



**July 29, 2015**

**9:27 am**

**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Alma Women's & Children's Health - Davidson

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

John Wellborn  
Signature/Title  
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 29<sup>th</sup> day of July, 2015,  
witness my hand at office in the County of DAVIDSON, State of Tennessee.

[Signature]  
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02





# Supplemental #2a -Copy

Alere Women's and  
Children's Health

CN1506-025



July 30, 2015

1:33 pm

July 29, 2015

Jeff Grimm, HSD Examiner  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application CN1506-025  
Alere Women's and Children's Health

Dear Mr. Grimm:

This letter responds to your last remaining request for additional information on this application. The item below is numbered to correspond to your original question. It is provided in triplicate, with affidavit.


**5. Section C, Need, Item (Project Specific Criteria\_**

**a. Items 5.A and 5.C – It is understood that the applicant is gathering the requested letters from physicians and residents of the proposed 22 counties. However, the applicant should be aware that if the information is not submitted by month end, HSDA's initial review of the application will continue in accordance with the process described in the closing section of this letter below.**

Please see the attached support letters from Dr. Bruce Beyer, Medical Director of Vanderbilt University Medical Center's Center for Women's Health, and from Dr. Etoi Garrison, of the Maternal Fetal Medicine Department of Vanderbilt University Medical Center. There was not room for both signatures on this letter so the physicians signed identical letters. Please note that they say their support is "on behalf of dozens of women's health physicians and other professionals at the Vanderbilt Center for Women's Health."

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

  
John Wellborn  
Consultant





July 30, 2015

1:33 pm

Center for Women's Health

July 29, 2015

Melanie M. Hill  
Executive Director  
Tennessee Health Services & Development Agency  
Andrew Jackson Bldg., 9th Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

Re: Alere Women's and Children's Health, LLC  
CON Application No. 1506-025

Dear Ms. Hill:

On behalf of dozens of women's health physicians and other professionals at the Vanderbilt Center for Women's Health, I want to make you aware of our strong support for the certificate of need application submitted by Alere Women's and Children's Health LLC. Alere specializes in caring for the unique medical needs of high-risk pregnant women and their newborns in the home. We have a long track record of success in partnering with Alere to care for our special needs patients, and we are eager to make those services available to patients throughout Middle Tennessee. This much-needed project will greatly assist with the orderly development of healthcare throughout the Middle Tennessee region and beyond.

We have one of the largest women's health practices in Tennessee. Our board-certified physicians, nurse midwives, nurse practitioners and research teams provide care in five specialty areas, including general obstetrics and maternal fetal medicine. Many of our patients are at risk of delivering prematurely or have other pregnancy-related complications – such as pregnancy-related hypertension or diabetes. These conditions pose a serious threat to the health of the mother and child and require close monitoring and regular care. For example, patients with a history of preterm labor often need weekly injections of highly specialized medications that are designed to reduce premature delivery. This progesterone (17P) therapy is a critical tool in combating Tennessee's Pre-term Birth rates, and utilizing Alere's OB Homecare service allows us to be sure that our patients are receiving optimal benefit.

Currently, Alere services are only available in 14 Middle Tennessee counties, which impact our ability to provide consistent care and options for our outreach patients, and eliminate clinical care decisions based on geographic location. The therapeutic benefit of this treatment is critical to the injection being given every 7 days. The main reason for noncompliance with this prescribed therapy is due to the challenges that surround patients needing to come into the office on a weekly basis. Using the latest technology and a team of registered OB nurses, Alere has the ability to access the patient's home, ensuring strict compliance. This provides better outcomes for our patients and reduces the high cost of avoidable NICU and hospital admissions.

We rely on Alere, and appreciate the opportunity to express our support for this application. We hope the Agency will take favorable action and grant the requested certificate of need.

Sincerely,

Bruce Beyer, MD  
Medical Director  
Center for Women's Health





July 30, 2015

1:33 pm

Center for Women's Health

July 29, 2015

Melanie M. Hill  
Executive Director  
Tennessee Health Services & Development Agency  
Andrew Jackson Bldg., 9th Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

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CON Application No. 1506-025

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Sincerely,

Etoi Garrison, MD  
Maternal Fetal Medicine  
Vanderbilt



**July 30, 2015**

**1:33 pm**

**AFFIDAVIT**

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Allure Women's + Children's Health

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John Wellborn  
Signature/Title  
CONSULTANT

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[Signature]  
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02

